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A CLINICAL LECTURE.

PIGEON-BREAST DEFORMITY OF THE CHEST.

ŒDEMA DUE TO VASO-MOTOR PARESIS—SACCULATED PLEURAL EFFUSION REQUIRING ASPIRATION, ATTRIBUTABLE TO TUBERCULAR PLEURISY.

A CLINICAL LECTURE DELIVERED AT THE PHILADELPHIA HOSPITAL.

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[Reported for THE BULLETIN by WM. H. MORRISON, M.D.]

GENTLEMEN: I bring this patient before you because he illustrates one of the deformities laid down in the text-books as somewhat classical. I refer to the pigeon breast. This deformity is due to the softening of the cartilages which unite the ribs with the sternal bone, and it usually occurs as a consequence of rachitis in infancy. When the chest is exposed, you at once observe the drawing in of the ribs on the side and the prominence of the sternum. Rickets, as you know, is a disease in which the salts that form the more solid parts of the connective tissue are wanting. As a result of this condition, the cartilages are abnormally yielding, and instead of the chest being thrown out in inspiration, as occurs in health, the softness of the cartilages allows the lower ribs to be drawn in through the action of the diaphragm, and, consequently, the sternum is thrown out, producing the pigeon-breast deformity.

This chest is to be associated with the tubercular chest, because it indicates a liability of the person to phthisis. The reason of this is that the respiratory movements are crippled. When the patient breathes, you see how little the chest moves. Inspiration and expiration are alike deficient, and this predisposes to catarrh, which is very prone to lead to characteristic phthisical changes. This patient has now developed phthisis of the left apex with solidification throughout that lung, with slight phthisical changes in the right lung.

There is also to a certain extent a development of the alaire, or winged chest, which is often associated with phthisis. The muscles of the back are atrophied and the scapulæ project, and it is this wing-like appearance that gives the chest this name.

I might also call your attention to the abdominal breathing, to the narrow antero-posterior diameters, and to the narrow transverse diameter of the chest, all of which can be taken in at a glance. The tubercular chest without the pigeon-breast deformity is a small chest, in which the long diameter is increased, the anterior-posterior diameter very much reduced, and the transverse diameter correspondingly increased. Such a condition also interferes decidedly with the expansion of the chest and the proper aeration of the blood.

Œdema due to Vaso-motor Paresis.—The patient before you, Andrew M., is about 35 years of age. The salient points in the history of this patient are the following: During the latter part of July, four months ago, the man had what is supposed to have been an attack of typhoid fever, a disease which is attended with serious prostration of nerve power, for if there is anything which is more characteristic of typhoid fever than another it is the great weak-

ness of the nervous system. Six weeks ago the patient began to have malarial chills, which recurred every day. He grew rapidly worse, and was soon confined to bed with a severe type of malarial fever. Two weeks ago the feet began to swell, and soon became markedly œdematous. This swelling extended to the upper portion of the thighs. There is still some swelling of the feet, and he complains of great numbness in the limbs.

I call attention to the rather healthy appearance of his face. He has not the profoundly anæmic appearance often associated with severe malarial fever. The lips and mucous membranes present their natural color, and the conjunctivæ have not the pearly-white hue seen in anæmia. The finger-nails present the anæmic appearance of a person suffering from chronic malarial poisoning, but his general appearance is that of fair nutrition, and I believe, from my experience with similar cases, that the number of red blood corpuscles is only slightly diminished.

What is the form of dropsy with which we have to deal? The causes of dropsy are briefly these, the first one of which, we think, especially when the lower extremities are the seat of the effusion, is failure of cardiac power. Leaving this out of the question, as can be done in the present instance, for his heart is perfectly normal, we next search for evidence of renal disease. In dropsy due to disease of the kidney there is not only swelling of the feet, but also puffiness of the face. Examination of the urine reveals no sign of disease of the kidneys. Thus the two great causes of dropsy are excluded.

The general condition is next examined, to see whether or not there is anæmia. I have already given a reason for supposing that there is no profound anæmia in this case.

Before taking up an exceptional diagnosis one should be perfectly sure that none of the more ordinary causes of dropsy of the lower extremities are present. One of these causes is periostitis of the tibia due to specific diseases. Periosteal inflammation was suggested by a roughness of the bone, but it is unusual to have periostitis in both tibiæ at the same time, and there is no reason to suspect specific disease.

By exclusion, I have settled on the diagnosis of a form of œdema due to vaso-motor weakness or paresis. Let me call attention to the reasonableness of such a diagnosis. To do this, I must first speak of certain experimental evidence showing the possibility of this form of dropsy. It has been shown that if the vena cava, which carries the blood from the lower portions of the body to the heart, is pressed upon, or is ligated, so that the current of the blood is largely arrested, that œdema of the legs will not always occur. Why? The œdema does not occur under such circumstances, because the lymphatics are capable of taking up a portion of the effusion which must necessarily take place from the over-filled arterioles. If, however, the sciatic nerve, which is composed of motor, sensory, and vaso-motor filaments, is cut, and the same degree of compression of the vena cava be made, œdema will occur. It has been found further that if simply the motor filament of the sciatic nerve be cut, and the vaso-motor filaments be uninjured, œdema will not follow compression of the ascending cava, but if the vaso-motor fibres are cut the arteries will be paralyzed, and such effusion will take place that the lymphatics will be unable to cope with it.

I believe that this is the form of œdema present in this patient. This man has complained of considerable numbness in the limb, indicating involvement of the nerve. Frequently, with dropsy, the legs are numb and dead, but I think that patients suffering with this form of dropsy complain more of this sensation than is usual in other varieties of dropsy.

This is an important form of dropsy because it is frequently associated with malaria. This patient, as I have already stated, has had malarial fever, and previous to that had typhoid fever, a disease which produces great prostration of the nervous system. This indicates that not only is malaria capable of inducing this condition, but it may be brought about by other affections, causing want of tone in the nervous system. In children whose nervous systems are extremely susceptible to such influences I have frequently found slight œdema of the face from malarial affections. Sudden shock is also capable of causing this form of œdema. Then, again, in any case of dropsy the secreting action of the skin is diminished, and this tends to keep up the effusion in the vessels of vaso-motor dropsy. In vaso-motor dropsy this deficient activity of the skin is attributable to deficient innervation of the secretory nerves supplying the sweat glands.

It is important to determine the cause of the dropsy not only from a diagnostic point of view, but also from a therapeutic standpoint. When the dropsy is marked it is to be treated as other severe forms of dropsy, with diuretics, as potassium salts, digitalis, caffeine, and the like. Where the effusion is moderate it is simply necessary to administer remedies to improve the nerve power. Strychnia is important in this connection, for it not only acts on the vaso-motor centres within the brain, but also on those of the spinal cord. This remedy may, if necessary, be combined with the diuretics. Ergot is another good remedy.

The treatment of the present case has consisted in the use of fluid extract of ergot and tincture of digitalis, ten drops of each being given every four hours. Strychnia has also been administered in full doses. For the uncomfortable sensations in the legs a liniment, consisting of equal parts of camphorated oil, chloroform, and oil of sassafras, has been employed. Under this treatment decided improvement has taken place, and the patient will very shortly be convalescent.

Sacculated Pleural Effusion, Requiring Aspiration, Attributable to Acute Miliary Tuberculosis.—This is the patient whom I showed to you two weeks ago. He has a sacculated pleural effusion, which we conclude was in all probability due to tubercular disease. The patient has lost flesh even since he was before you.

Let me briefly recapitulate the points upon which the diagnosis was based. For the past two or three months he has had bronchitis, which was manifested by fine rales throughout both sides of the chest, which were discovered when he was admitted. It is unusual for simple bronchitis to be associated with pleurisy, accompanied by effusion. On the other hand it is exceedingly common to have tubercular pleurisy with tubercle of the lung. The rule is, however, that tubercular pleurisy is not accompanied with effusion. Effusion may, however, be present. The temperature record of this man has been maintained continuously between 100° and 102°. The pulse has been rapid, never going below 120 per minute. With these symptoms there has been profuse sweating, a progressive loss of flesh, and a general appearance of illness, together with dyspnœa, which does not accord with the ordinary history of pleural effusion, in which, after the effusion reaches its height, or of intra-thoracic pressure, relief has been afforded by aspiration or other treatment, the appearance is one of ordinary sickness without dyspnœa. Aspiration has been practised in this case to relieve dyspnœa, but the relief has not been marked.

There is one objection to the diagnosis of tubercular disease, and that is the character of the inflammatory exudate. This is, however, not a vital point.

The case brings to my mind a case of sacculated pleural effusion on which I lectured a year ago in the University Hospital. The chest was tapped and a large amount of fluid removed. The patient subsequently died, and the autopsy revealed a sarcomatous growth in the mediastinum, which had pressed on the pulmonary veins, causing the effusion.

I may be wrong, but I say that my opinion inclines towards the diagnosis of tubercular pleurisy in this case, but I bear in mind the possibility of some form of malignant disease of the mediastinum. This reserve diagnosis is largely based upon the opinion which we have formed that the case is not one of uncomplicated pleural effusion. There is, however, no very positive evidence in this direction.

ORIGINAL COMMUNICATIONS.

CLINICAL HISTORY AND TREATMENT OF "LICHEN RUBER."

BY DR. P. G. UNNA, HAMBURG, GERMANY.

[Translated by Dr. GEO. FRIEBIS.]

THE group of diseases known as "lichen ruber," a knowledge of which we owe to the researches carried on independently of each other of Professors Hebra and Erasmus Wilson, is but little known to the general practitioner, and a knowledge of which in view of the gravity of the disease, and the great importance of early interference therapeutically, is so very essential to the successful treatment of it.

The infrequent occurrence of "lichen ruber" in a measure explains our lack of a more accurate diagnosis. It is certain that some cases which properly belong in this category of chronic skin diseases are cured without the true character of the affection having been recognized, particularly since the custom of ad-

ministering arsenic in all cases of obscure diagnosis is still so largely prevalent. Justified in bringing forward this larger material of "lichen ruber" cases, I am desirous that the practitioner shall refresh himself upon this peculiar group, for the reason that within the past four years I have been fortunate in having under my observation in private, clinical, and polyclinical practice, not less than thirty cases of the disease, comparatively a large number, when we consider that Hebra, up to the year 1874, in the second edition of his text-book, page 396, after an extensive clinical experience of thirty years, had met with but fifty cases. The year 1881 was particularly rich in material; since then the cases of "lichen" have grown more rare in my sphere of observation, so that the opportunities to further augment my experience gained in the preceding four years have grown much less. The experience gained, however, enables me to compare the various forms of "lichen" with the descriptions of German, French, English, and American authors, and thus aid in determining whether these strikingly differing reports of the varying manifestations of the disease are due to the nature of it, or simply to an authoritative historical origin.

At the same time I had the good fortune during my earlier clinical studies of these cases, to discover and pursue a new course of treatment, which, in comparison with other methods heretofore used, was more rapid and thoroughly gratifying in its results. And I am, therefore, enabled to fully sustain, in every particular, the method of treatment advocated by me about three years since, and also prove the statements made at that time.

Now, instead of entering upon a critical dissertation of the statements made by my predecessors, a by no means easy task, I prefer to introduce to the practitioner a number of clinical histories, carry him to the arena, and enable him to draw his own conclusions and to formulate his own judgment upon the various historical statements found in the literature of "lichen ruber."

I.—Miss M., æt. 17, a Parisian, who had never suffered from any disease of the skin, was taken ill on January 5, 1881, while on a visit to Hamburg. Her illness began with a chill, and a feeling of general indisposition, and an itching eruption of the skin. Upon the following day, when I was called to see her, I found the cervical and lateral regions of the neck covered with a small papular, intensely red, itching exanthem, spreading upon both upper extremities, and as far down the radial side of the forearms as the wrist-joint. The face, trunk, and lower limbs were entirely free. The light red papillæ, which it was said had appeared spontaneously and covered a large surface, were the size of a mustard seed, light-red, shining, pointed like a ten-pin, and when not scratched off were covered with a small scaly elevation. Topographically indicative of cutis anserina, this was more apparent through the circumstance that the exanthematous surface was surrounded by an areola of pale cutis anserina, which in some places was permanent, and in others could be called forth by the slightest reflex action of scratching. At no time was a transition from the papular to the vesicular stage noticeable, and scratching produced no other effect than the exfoliation of the scaly deposit of the papillæ. As the manifestations excluded the diagnosis of eczema papulosum, it could not be anything else than an acute attack of *lichen ruber acuminatus*.

Treatment.—I ordered a constant covering of the parts with gauze compresses, thoroughly saturated with a liquid composed of equal parts of liquor plumbi subacetatis and glycerine. Under this treatment the heat and itching soon disappeared. Gradually the papillæ and redness decreased, and the recurring attacks of intense itching grew less daily. On January 13th, one week after treatment had been begun, and which was continued day and night, I discharged the patient cured. She remained in Hamburg about six weeks longer, and during that time attended, regardless of the former illness, balls, dinners, etc., without any unfavorable consequences, when suddenly, in the beginning of February, there occurred a relapse, symmetrical in its appearance, on both forearms, near the wrist-joints, which, however, after an application of ungt. zinci and plumbi acetatis, yielded, and disappeared in four days. I gave the patient, who up to that time had taken no arsenic, as a precaution against a relapse, some Asiatic pills, but heard from her later on that she was entirely well. I have advanced this case as a mild and not very complicated instance of lichen ruber acuminatus. The most striking feature in connection is the, as yet rarely described, acute attack, and the very apparent rapid recovery due to the treat-

ment. It proves that a cure can be attained by the use of these acid preparations, and simply these; but they must be employed in the very beginning of the attack and persistently continued. In other instances, also, have I been able to demonstrate the efficacy of the alumina preparations in lichen acuminatus. The form of the exanthem was so typical that it could not be mistaken for anything else.

The papules I have described as being the size of a mustard seed, and that the size of a millet seed is not applicable. I would further add, that the habitual description, since Hebra, of lichen acuminatus papillæ being the size of millet seed is, strictly speaking, not correct. The largest papillæ are scarcely the size of a mustard seed (2½ mm. diam.), more frequently they are the size of the smallest beet seed (1½ mm. diam). As the size is characteristic of lichen acuminatus, I must lay stress on this point, so as to avoid misapprehension later on. The maculæ of lichen planus occur now and then from papillæ which are much smaller than those of acuminatus papillæ, and are about ½ mm. diameter, there is also in general appearance a difference from the papillæ acuminatus. The points, absolutely diagnostic of lichen acuminatus, are the squamous nodules upon a non-flattened elevation, and located upon the orifice of the hair follicle. Frequently a very small downy hair is found in the squamæ. A relationship between this form of papillæ and the sudoriparous pores is not recognizable.

II.—W. E. M., æt. 62, a high government official of robust constitution and excellent family history. This patient drinks in moderation, but is much addicted to the pleasures of the table, which have developed in him a decided tendency to annual attacks of gout for the past ten years. During the winter of 1881 and 1882 the patient was not very well, though not suffering from gout. Early in January of 1882, he experienced an intense pruritus of the right leg, and soon after upon the wrist joints and dorsal surfaces of the forearms, and, lastly, upon the trunk and face. The skin grew very red, was deeply studded with small papillæ, which eventually desquamated in a moderate degree, and the right thigh, posteriorly, was moist. From the middle of February till the beginning of March, this restless, robust official was confined to bed, and the constant pruritus caused insomnia and loss of appetite. Now and then there was fever, which, no doubt, followed the chill, and is of such frequent occurrence in lichen acuminatus. The body weight was reduced fifty pounds in three months, the mind was depressed, and the patient's urine contained large deposits of sediment, but neither sugar nor albumen. The case came under my care on April 12th, and I at once recognized that what had been diagnosed as eczema was "lichen ruber." The entire body, including the face and hairy parts of the head, again recalled my first impression of "lichen ruber," so graphically described by Hebra in his first edition. The epidermis throughout was of a faint gray-red color, covered with fine squamæ—in some parts apparently smooth, yet, upon close examination, revealing numberless minute red elevations, which were covered with small squamæ. Where the skin was not thoroughly red, but still of the yellowish, normal color, the papillæ were larger and more prominent, like a red cutis anserina. The lower extremities of the body were of a more strongly marked, dark, grayish-red color. Scratching off the squamæ with the finger from the red surface, would be followed by a broad, white line. Both calves showed varicosities, chronic lymphatic stasis, with thickening and induration of the entire cutis, particularly well marked on the right limb. Here the appearance of the disease, due to stasis and scratching, was complicated with eczema. There were no papillæ in the face, but a simple pityriasis with maculæ, and stripes of reddish-white color could be seen, principally around the eyes, nasolabial grooves, the margin of the beard, and the line of the forehead with the hair, and here merging into a uniform pityriasis capitis. The character of the papillæ appeared most prominently on the dorsal surface of the hand and forearm. They all belonged to the small papular acuminated form, were very red, not translucent, terminating in a conical point, crowned with a small squama. Stroking the parts conveyed an impression similar to that produced by passing the hand over a grater. The primary character of the affection was now noticeable in but few spots. The parts showed generally flat, scarcely perceptible papillæ, upon a red base, and, where the infiltration and redness was most intense, the papulose character disappeared; these latter parts bore a striking resemblance to pityriasis rubra. A

diffuse brownish pigmentation manifested itself in various parts of the lower extremities, such as the inner surfaces of the thighs, which would temporarily assume a paler hue, but would disappear under the hyperæmia and scarlet redness, incident to the pruritus and scratching. I ordered my patient to bed, and commenced treatment by applying at once the following ungt. cure as advocated by me: Ungt. zinci 500.0, acid carbol. 20, sublimate 0.5, and secured thereby for my patient a night's rest, something he had not enjoyed for a long time. There disappeared, successively, the pruritus, redness of the skin, and the squamæ. Upon the head and face a weaker ungt. was applied and equally well borne. With the local improvement the constitutional condition also kept pace. In the second week the patient was up and able to enjoy the fresh air for several hours during the day; and without an interruption in the ungt. treatment. At the close of the second week the head, trunk, and upper extremities had again returned to a normal state. The hands and legs were more obstinate in yielding to treatment; there occurred upon the thickened skin of the legs and dorsal surfaces of the hands frequent recurrences of primitive lichen character. In the fourth week, I had the pleasure of presenting my patient, now much improved, to my friend, Prof. H. Hebra, who at the time was visiting me, and who, though there were but few traces of lichen to be seen, from the characteristic pigmentation of the parts affected, formed, *prima vista*, the diagnosis of "lichen ruber."

During the fourth and fifth weeks the treatment was continued in modified form, and attention chiefly devoted to the thickened skin of the calf of the right leg; which, in spite of its varicosities and tendency to eczematous eruption, bore well the zinc and sublimate ointment. On several parts of the indurated skin were applied, instead of the salve, zinc sublimat. carbol. plaster and bandaging. Constitutional effects from the use of the bi-chloride were not apparent; astringent mouth washes were, however, freely used. During the first week there already appeared carbolic acid in the urine, and recurred frequently; but later on disappeared, though treatment was continued. In the second week, as decided improvement and progress had been made, I ordered Asiatic pills, increasing one pill weekly, so that the patient, at the expiration of treatment, was taking but three pills daily. Acid arsen., 0.5; muc. gimimos, 1.5; pip. nigr., 12.0. Ft. pil. No. 100. This relatively small dose of 0.015 arsenic may have made secure the definite cure which followed three weeks later, but it *certainly did not induce it.* Upon Hebra's advice, in the same sense, and as after-treatment, the patient was ordered arsenic with iron. Ferri oxyd. dialys., 5.0; aq. distillat., 100.0; syr. cort. aur. 15.0; sol. Fowler's gtt. 30, two or three tablespoonfuls daily. He left the clinic on May 14th, after a sojourn of four and a half weeks, perfectly cured. Later, I had the opportunity of seeing him again; there had appeared upon the calf of the right leg and forearms localized eczema, which was cured by the use of the zinc-carbol. plaster. At this time the use of arsenic had already been discontinued. In the two years which have since passed the patient has had perfect immunity from dyspepsia, but has frequent attacks of dyspnœa, pressure and constriction of the heart and thorax, symptoms which his family physician, Dr. Soh, and to whom I am indebted for these notes, attributed to fatty degeneration of the heart, and in one of these attacks the patient died. This second case we may regard as a serious counterpart of the first one, and which, at the same time, presents the typical features of a simple case of lichen acuminatus, which for some time had received no attention, or in the treatment of which but insufficient means had been used. Such must have been, and in a higher degree, Hebra's thirteen cases (1st edition), when he first began their treatment, and which, under his care, terminated fatally. If he had known at that period such cases as our first one, he would have depicted the subject in less glaring colors. The second case, though severe in character, still belongs to the uncomplicated ones, because the stasis and consequent eczema of the calves did not materially affect the issue of the cure, and was easily distinguished from lichen. The efficiency of the sublimate carbolic acid ointment treatment was very evident, though it cannot be accepted as absolute proof, because of the administration of arsenic *par complaisance* in conjunction. But having before treated six cases by the method, I had ample opportunity to convince myself of its merits, and hence, in the very beginning of this serious case, I did not hesitate to submit my patient to it. It was also of interest to note

the excellent effects of the sublimat. ungt. upon the parts affected with eczema. The ungt., if used in a case of simple eczema, would have aggravated it.

[To be continued.]

REPORT OF INTERESTING CASES IN WESTMINSTER HOSPITAL.

UNDER DR. POTTER.

BY ALFRED J. GUBB, M.R.C.S. (ENGLAND),
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CRANIOTOMY FOLLOWED BY PELVIC INFLAMMATION—DIPHTHERIA—DEATH.

CHARLOTTE W., æt. 32, married; admitted November 5, 1884, with following history: Patient had been delivered on the night of the 1st inst. of a male child, after a tedious and exhausting labor, with breach presentation, where medical aid was only sought when matters were so far advanced that the trunk was born, but the head remained above the brim and refused to descend. Traction, manipulation, and the forceps were successively employed, but without accomplishing the descent of the head; craniotomy was therefore resorted to, the head being perforated behind the left ear; by the aid of some traction delivery was then effected.

Had three children previously, the first and third having necessitated resort to craniotomy, the second one, however, though at full term, according to her account, having been delivered by forceps, living. She had been warned to take precaution in the event of pregnancy to apply at the hospital before time, but had not done so.

The patient was left much exhausted by the labor and manipulations. Two days later, as her temperature rose, and as there were no facilities for nursing her at home, she was offered a bed in the hospital, which, however, she only accepted on the 5th. Antiseptic injections were employed vaginally, with opium internally.

On admission, patient looked worn and somewhat emaciated; complained of general abdominal pain and soreness; the vulva and posterior wall of vagina were the seat of intense œdema, and were enormously enlarged and exquisitely painful; vaginal examination was impossible, the vagina being thus rendered practically impassable; the swelling of the posterior-wall of vagina was limited to lower part, and was perfectly well defined; abdomen was distended and somewhat tympanitic, but not particularly tender on pressure; pulse, 120, regular, but compressible; temperature, 100.6; urine, 1016, acid, albumen. Microscopically, pus cells were seen in abundance. Tongue tremulous, and rather coated. Bowels not open since confinement; was ordered carbolized vaginal douches twice a day, fomentations to abdomen, and two grains of calomel with one of opium every four hours. Temperature on evening of 5th was 101.6. During the night profuse diarrhœa set in, with much tenesmus, and attended by great prostration; was ordered a mixture of acid sulph., dil., and opium.

Nov. 6th. Was ordered starch and opium injection per rectum, as diarrhœa did not abate; motions are passed unconsciously, or patient is, at all events, unable to retain them. Patient was put on ℥iij of brandy, with quinæ sulph., gr. iij, ext. opii, gr. ¼, every four hours. Douche and fomentations to be continued. Patient very prostrated, and lies semi-comatose. Diarrhœa lessened towards night. Temperature, 99.6° to 101°.

7th. Diarrhœa still continues, although relieved temporarily by starch enemeta, and is still passed unconsciously. Patient is quite conscious, dozes a good deal. Pulse is regular, though compressible, 96. Temperature reached 103°; no pain; tongue moist. Abdomen is still distended, and, as there was dulness below umbilicus, a catheter was used and forty-eight ounces of turbid urine drawn off; acid, sp. gr. 1015. There is a copious, yellow, offensive discharge from vagina, but œdema of part tends to disappear. Douche to be repeated every four hours; dose of opium increased to gr. j to check diarrhœa.

8th. Temperature 103.4° at ten P. M.

11th. Abdomen still tympanitic all over, except in left iliac fossa, where there is marked dulness, with induration and tenderness on manipulation; no pain. Patient is unable to pass her urine unaided by the catheter; urine is ammoniacal, and contains pus. Loose, offensive motions still passed unconsciously. Patient complains of sore throat and difficulty in swallowing. Throat is red and rather œdematous. Ordered glycerine of tannin to be painted on throat. Brandy raised to ℥vj. Mixture of ammonia and bark instead of pills. Temperature, 102.8°.

14th. Difficulty and pain of swallowing are so great that nutrient enemata of beef-tea, eggs, and brandy were administered, but were returned very little altered. Uvula and fauces are very œdematous, and are covered with silvery film; tonsils not enlarged; no enlargement of glands at angle of jaw; œdema of genitals has almost disappeared, but discharge continues. Patient ordered fomentations to throat, with vaporous inhalations; perchloride of iron locally and internally. Port wine, ℥viij, substituted for brandy. Temperature, 102°. Patient is very weak and depressed; has no pain, except in throat; pulse is weak and rapid; no cough; voice clear, though feeble; has feeling of faintness come on at intervals.

17th. Throat still more painful; on examination the film has become more dense and has spread; uvula is large and flabby. Patient has intense difficulty in swallowing, but manages to take eggs beaten up in milk with port wine; has attacks of dyspnœa; voice is getting rather muffled.

Patient's state continued much the same until the 21st; breathing and swallowing were both painful and difficult, and no treatment seemed to afford her much relief. Her voice became muffled and so feeble as to be scarcely audible. She sank into a typhoid condition, and died rather suddenly on the morning of the 21st, consciousness remaining up to the last.

Post-mortem, twenty-six hours after death (three weeks from confinement).

Body fairly well nourished, rigor mortis well marked; there was pronounced rachitic deformity, the thighs being separated by a gap some four inches across, and the tibias strongly curved. There was a copious discharge of fetid pus from the vagina; on opening the abdomen and removing the uterus and appendages, with the bladder and rectum, the pelvis was seen to contain a large quantity of fetid, creamy-yellow pus. The uterus was enlarged, measuring five inches in length and four in breadth at the fundus, and its walls about an inch in thickness. The mucous membrane was of a dark slate color and bathed in pus, and the whole organ was unusually soft. Interior of bladder was somewhat rough, and the mucous membrane injected.

External Measurement.—Antero-posterior (top of sacrum to top of symphysis), 6¼ inches; between the anterior iliac spines, 10 inches; between trochanters, 12½ inches.

Internal Measurement.—Antero-posterior, exactly 3 inches; oblique, 4¾; transverse, 4½; tip of coccyx to top of symphysis, 5 inches.

Dislocation of Astragalus Forward, Excision (under Dr. Davy).—William S., æt. 56, was admitted on October the 14th. Patient had just met an accident in getting down from a street car, which started while he was engaged paying the conductor, and was standing on the bottom step but one. The effect was to throw him violently off the step, still holding by one hand to the rail, and finally, on letting go of the rail, on to the ground. On attempting to stand he fell again, his left foot being unable to bear his weight.

When examined, immediately after admission, the foot was found displaced inwards, with the sole pointing to the other side, a projection was plainly to be seen and felt somewhat to the outer side of the front of the left ankle-joint; no movement of the joint could be effected. The swelling was hard, smooth, and rounded, and was firmly fixed, the skin over it was shiny and tense, and evidently much stretched.

Patient was placed on a bed and anæsthetized, and considerable extension and manipulation employed by the house surgeon, to endeavor to effect the reduction of the astragalus, the rounded head of which was easily to be felt through the thin stretched skin; these attempts, however, while successful in reducing the displacement of the foot, failed to allow of the separation of the astragalus, as were also similar tactics by Dr. Davy, who was called to the case.

The man was now removed to the operating theatre, and while still under the anæsthetic, further traction and manipulation were resorted to, assisted this time by an arrangement of pulleys; very considerable extension was applied in this way, but still it was found impossible to reduce. Dr. Davy then tenotomized the tendo Achillis, and made further effort, but still in vain. Under these circumstances, after consulting on the matter with a colleague who was present, Dr. Davy decided to remove the displaced bone, which was easily done by means of a vertical incision, the bone being removed with the lion forceps, very little force being required to detach it, as the ligaments had all been ruptured with their attachments. The portion corresponding to the attachment of the external

lateral ligament was torn away. The leg was then placed on a MacIntyre's splint and left, no dressings being applied.

Nov. 28th. Patient has been getting on well, and has suffered but little pain from foot, which is now pretty well healed up.

The foot was ultimately put up in plaster-of-Paris bandage, and the patient discharged.

Case of Pleuro-Pneumonia, followed by Pericarditis.—Admitted November 7th, 1884 (under Dr. Sturges). George W., æt. 14, when admitted complained of giddiness and general feeling of malaise and lassitude, with pain in chest (one day) and difficulty of breathing, which was rapid, shallow, and painful, there was also vomiting and shivering; skin was hot and dry with pungent feel; herpes on lips; tongue dry and rough.

On physical examination there was slight high-pitched resonance on percussion; upper half of front of right side of chest, breath sounds coarse; expiration marked over both lungs in front; vocal fremitus increased on right side in front; respiration 48 per minute. The heart impulse was feeble, no increase of area of dulness, sound rather blurred; pulse 108; abdomen normal; liver and spleen dulness normal. Urine sp. g. 1025, acid, trace of albumen.

Patient was ordered turpentine fomentations to affected side, with saline mixture.

Nov. 9th. Patient sleeps very little; much dyspnœa; respiration 48; shallow. Action of heart is much excited and its impulse diffused, and is felt outside nipple as high as second rib; no distinct apex stroke; area of dulness increased up to second rib; does not cross median line; sounds approximated in character and rather distant. Pulse, 120; slight præcordial œdema. Patient was ordered mustard paper to præcordial region.

Later on in the day some very fine crepitation was audible in mammary region at end of inspiration; area of dulness extends into axilla; breath sounds bronchial in character; vocal fremitus much diminished.

10th. High-pitched resonance up to second rib, in front of left side reaching to right border of sternum; vocal resonance impaired, and breath sounds still more markedly bronchial and distant; vocal fremitus absent; marked friction sounds at left base posteriorly. Patient ordered ♏viij of tinct. opii.

11th. Patient feels better; lies on back; had some sleep last night; heart impulse still diffused and weak, sounds distant and muffled; breath sounds tubular at base and in axilla, and bronchial half-way up back, with fine crepitation, bronchophony, and pectoriloquy.

13th. Slight increase of effusion into pericardium; rhonchi and pleural fremitus; heart sounds extremely muffled and distant.

14th. Patient had an attack of dyspnœa during night; pulse weak and failing; is very much cyanosed. Physical signs remain the same. Ordered ℥ij of inf. digitalis with spts. ammon. arom., ♏xxx, every four hours. Mustard papers over præcordium.

16th. Patient passed bad night, frequent cough, cyanosis still more marked about face; no swelling of legs or feet. Area of heart dulness somewhat less in extent vertically, but still extends an inch to the right of sternum; abundant rhonchi; respiration labored.

17th. Patient wanders, and there is twitching of the facial muscles; tongue dry, brown, and cracked; pupils dilated and brilliant; cheeks flushed; perspiration profuse. Patient died in the afternoon. Owing to unwillingness of friends, a *post-mortem* examination was unfortunately not obtainable.

ELEGANCE IN PHARMACY,

AND THE ADMINISTRATION OF MEDICINE.

BY JOHN HAMMOND BRADSHAW, M.D.,
ORANGE, N. J.

[Concluded from last number.]

CORPUSCLES made of gelatinoid materials are now on the market in variety. For the administration of obnoxious powder and even liquids, they furnish a vehicle for which formerly there was no substitute, however crude. Cod liver oil in elastic gelatine capsules, in which it may be administered even to the amount of half an ounce per dose, places that drug in a convenient and perfectly tasteless form. Castor oil, phosphorated oil, oil of copaiba, etc., thus have a very important objection to their administration removed.

Crayons impregnated with iodoform and other medicines, have been devised for fistula.

Rectal and other suppositories, made with gelatine as a basis, are asserted to have several important advantages over those made in the ordinary way.

Hypodermic Medication.—Bartholow states the advantages of the hypodermic methods of

administering medicine as follows: first, effect produced more speedily, and the whole effect of the quantity introduced; second, the results more permanent and curative; third, the rare occurrence of gastric disturbances and irritation of the stomach avoided; fourth, the administration may be made to persons unwilling or unable to swallow. Proper care bestowed upon syringe and solution reduces the danger of abscess, nodulation, etc., to a minimum, which is, indeed, small. Attention should be constantly directed to solutions of alkaloids, to avoid injecting the pencillium, which not only causes irritation, but has had its growth at the expense of the alkaloid. Extemporaneous solutions are best. The compressed powders and globules, which may be carried in a small space and dissolved when needed, are elegant.

Lozenges or Troches.—The sixteen varieties of these which are officinal, sufficiently indicate that they are held in considerable esteem. There are a large number unofficinal, which are made by reliable manufacturers.

Normal Liquids.—These are comparatively new. They are said to represent remedies of definite potency and unvarying effect. It is proposed to use them in place of the fluid extracts, one cubic centimetre representing one gramme of a drug of standard strength.

Oleates.—These are oleaginous, definite chemical compounds, and not indefinite solutions of oxides in oleic acid. At present we have oleates of aluminium, arsenic, bismuth, copper, mercury, iron, lead, silver, zinc, and others. In his classical paper upon "The Oleates," Dr. Shoemaker advances the following advantages for these preparations over the ordinary ointments: first, their deep penetration; secondly, their freedom from rancidity; thirdly, their cleanliness of application; fourthly, their great economy; fifthly, their antiseptic action.

Any ingredient suitable for dermic medication may be incorporated into an oleate, making them capable of "the widest range of therapeutic application."

Pills, Dragees, Granules, Parvules, etc.—The little trouble with which they are prepared and administered, their tastelessness and power of retaining their virtues when properly prepared, and their portability and inexpensiveness, give the reasons for their popularity. The range of the pill is extensive, but not indefinite. Certain substances are peculiarly fitted for administration in pill form, while certain others, as the following, should very exceptionally be so given: bulky medicines, deliquescent or undried deliquescent salts, most fixed oils, large doses of oil of a volatile nature, and medicines intended to act at once as emetics, stimulants, or caustics.

Great praise is due to efforts made to introduce minute pills containing small and exact doses of the principle or smallest concentration of a drug. These are called granules or parvules. With them the physician has in his hands an elegant means of regulating doses according to effect.

Pearls are chiefly used for nitrate of amyl. Being made of very thin glass, they may be carried about in a non-volatile condition, and in an emergency speedily broken upon the handkerchief and their contents inhaled.

Syrups.—The aromatic syrups will do much to render disagreeable mixtures and solutions agreeable.

Time.—The time of taking medicine affects its action. The rule that is generally followed regarding pills, is to give them near or with the meals, as they are concentrations. Certain drugs, notably those requiring the presence of an albuminate for their solution, may best be given while the process of digestion is in progress. There are also medicines, *e.g.*, vermifuges, laxatives, etc., which are better given when the alimentary tract is empty. Various writers think they obtain the best effect from iron given between meals, affirming that thus there will be no unpleasant effects. This is contrary, however, to the usual rule. Antiperiodics are, of course, best given some time previous to the expected attack, and cod liver oil at the time when the pancreas is most active. A correct understanding of physiology will so guide the time of administration that the physiological and therapeutic effect will be that most desired.

In conclusion it may be said that no prescription can be termed elegant if its efficacy is at all compromised by an effort after agreeability. It has been well stated that attention to the matter of obviating or disguising the disgusting or unpleasant in medicine *will pay*. Not merely will the reward be that of a humanitarian, but also that of service for which men pay gold.

Asclepiades was no fool in announcing his chief object in the practice of medicine to be "*Curare cito, tute est jucunde.*"

SOCIETY PROCEEDINGS.

NOTES ON THE TREATMENT OF EPILEPSY.

BY CHARLES K. MILLS, M.D.,

Professor of Diseases of the Mind and Nervous System in the Philadelphia Polyclinic and College for Graduates in Medicine, etc.

THE regular stated meeting of the Philadelphia Neurological Society was held December 22, 1884, the Vice-president, Dr. Charles K. Mills, in the chair.

Dr. Mills read a paper on the the Treatment of Epilepsy, of which the following is an abstract: His remarks applied chiefly to the medicinal treatment of epilepsy proper—*grand mal* and *petit mal*. He did not intend to refer to the treatment of convulsive seizures due to tumors, meningitis, spinal disease, etc.

As to the curability of epilepsy, some apparently authentic cases of cure were on record. After looking over the subject, he could only recall seven cases of apparent or real cure in his own practice, private and hospital. In all of these the attacks remained away for from more than one to more than three years. Gowers mentions a number of cures, at least cases in which seizures had not recurred for as much as four, five, six, or seven years. Several of these cases were children. Three of the seven cases alluded to by Dr. Mills were children. All observations as to the cure of epilepsy were necessarily imperfect. After a number of years the attacks recur again. Although, however, the absolute curability of epilepsy might be doubtful, certainly great benefit from treatment is to be derived in most cases. It is a wrong to such patients not to treat them.

He had used the following remedies, singly, three or four times daily, in a series of cases, during the last ten years: Bromide of potassium, grs. x to ℥j; bromide of sodium, grs. x to ℥j; bromide of ammonium, grs. x to ℥ss; monobromate of camphor, grs. iij to vj; hydrobromic acid, f℥ss to f℥ss; iodide of potassium, grs. v to ℥ss; biborate of sodium, grs. xv to xx; chloral hydrate, grs. x to xv; oxide of zinc and valerianate of zinc, grs. iij to x; nitrate of silver, gr. ¼ to gr. ½; tincture of belladonna, ♏x to xv, or extract of belladonna, gr. ¼ to gr. ½; extract of cannabis indica, gr. ⅛ to gr. ¼; fluid extract of cocculus indicus ♏j to iij, or tincture of cocculus indicus, ♏v to x; nitrite of potassium, grs. v to viij. Other remedies which he had only used in combination with some of the above drugs, were as follows: Conium juice, f℥j, or fluid extract, ♏iij to x; tincture of digitalis, ♏v to x; sulphate of strychnia, gr. $\frac{1}{40}$ to $\frac{1}{30}$; Fowler's solution of arsenic, ♏ij to v; fluid extract of ergot, f℥j to f℥ij, or extract of ergot (Squibbs), grs. iij to vj, iron, cod-liver oil, and quinine.

The bromides were certainly the best remedies, and the bromide of potassium, in his opinion, stood at the head of the list. The bromide of sodium came next best to the bromide of potassium. He thought the bromides affected the nerve centres directly. The mixed bromides were better, usually, than any one of them used singly.

The bromides could be advantageously combined with other drugs. The combination which he had found, on the whole, the best for long-continued use was bromide of potassium, grs. xv; bromide of sodium, grs. xv; solution of the arsenite of potassium (Fowler's solution), ♏ij; conium juice, f℥ss, or the fluid extract of conium, ♏iij to v. This was generally made up with syrup of orange and some bitter infusion. Another good combination, mentioned also by Gowers, was the bromide of potassium and tincture of digitalis. It was only especially valuable in cases complicated with weak heart or mitral disease. Monobromate of camphor had no advantage over the bromides. Hydrobromic acid was efficient in very large doses, but so much water had to be given with it that the amount to be swallowed was appalling to the patient. It sometimes irritated the stomach. Borax was not of established value, but helped a few cases temporarily. He found the iodide of potassium, unless especially indicated, had little value when used alone in the treatment of epilepsy. Chloral hydrate is not of much value when given alone, but with the bromides, in cases uncomplicated with cardiac disease, sometimes makes a useful combination. Trousseau's belladonna treatment has been used without noteworthy success. Cannabis indica was not to be depended upon. He had tried cocculus indicus in six cases at the Philadelphia Hospital. None improved, and four were made worse by its use, one of the four becoming insane while taking the drug. At the request of Drs. Reichert and Hinsdale, he had used the nitrite of potassium in seven cases.

Of these, only one seemed to be benefited, and some were made worse by its use. When the bromides had to be stopped, the zinc salts or the nitrate of silver were the best substitutes; but they could only be relied on for a short time.

The way to treat epilepsy, in his opinion, was to simply have a plan of treatment, and carry it out over a series of months or years. He would, for instance, first put a patient upon a single bromide, say fifteen grains three times a day, to be increased until a decrease in the number and severity of the paroxysms was produced. He kept him upon this perhaps for a month. He then used the mixed bromides, or some combination of bromides with other drugs, preferably the bromides, arsenic, and conium prescription. He watched the condition of the patient, and, if necessary, put him on cod-liver oil, quinine, or iron. With reference to nitrites, bromates, etc., he said that there was probably some chemical or chemico-physiological reason for inefficiency. The *ites* and *ates* would probably *never* give as good result as the *ides*. Dr. Mills believed with Dr. Pepper (Med. and Surg. Reporter, January 12, 1884) that close attention should be paid to every point in the daily life of an epileptic—to diet, rest, and hygiene; but he did not, with his present experience, believe that a genuine case of thoroughly-developed epilepsy could be cured, or even greatly benefited, without drugs. Harm, however, might be done by over use of drugs.

Among the surgical and external means of treatment he had successfully used were excision of cicatrix, removal of neuroma, actual cautery, and blistering to the neck or head. He said he did not use counter-irritation to the scalp, but was a strong believer in the actual cautery, used after Brown-Séquard's method, to the nape of the neck.

DISCUSSION.

The discussion was opened by Dr. E. T. Reichert. He said that the efficacy of the bromides was certainly not due to the bromine, for bromide of potassium is the best of the bromides, and it contains less bromine than any of the others. The amount of bromine in the chief bromides, as given by Gowers, is as follows:—

Bromide of ammonium .	. 81 per cent.
Bromide of potassium .	. 67 per cent.
Bromide of sodium .	. 77 per cent.
Bromide of lithium .	. 92 per cent.

All the bromides act alike, but with varying degrees of efficiency. The bromates, nitrites, etc., are not as useful as the bromides. A certain line of similar chemical salts seem to give uniform physiological and therapeutical results.

Dr. Guy Hinsdale said that, in regard to the cases in which Dr. Mills used the nitrite of potassium, some four years ago, one was benefited, some remained the same, while others were apparently made worse by its use.

Dr. Wharton Sinkler wished to know if any of the members of the Society had used hyoscyamus, and with what results. He said that Althaus, of London, reported cases in which tincture of hyoscyamus had been used successfully, in doses of from one, two, or three drachms. He said that he had reported one case of epilepsy which had been greatly benefited by cannabis indica, after the bromides and other remedies had failed.

Dr. H. M. Wetherill said that, in his experience, the bromide of potassium was the best remedy. He said he had never tried the tincture of hyoscyamus. He had never seen a case of epilepsy entirely recover.

Dr. F. Dercum said that his experience was summed up in the statement that he had found the bromides the best.

Dr. Morris Lewis spoke of the cure of a child three years old, at the Episcopal Hospital, in which he could obtain no results with the bromide of potassium. The seizures continued, and were worse, if anything. He then resorted to bromide of ammonium, and with immediate good results.

Dr. J. H. Lloyd said he thought that in cases of epilepsy, attention to the digestive functions and to sleep were highly important. He called attention to the observation of Dr. Radcliffe, that epileptics have a tendency to over-eat and to sleep too much. In his own experience he had found that when constipation was present the seizures were likely to be more frequent and severe. Dr. Radcliffe and other English physiologists seemed to prefer comparatively small doses of the bromides long continued. Dr. Lloyd believed the combination of three bromides with the iodide of potassium to be one of the best in the treatment of epilepsy.

Dr. A. J. Parker said he believed we could not say that the effect of a drug like bromide of potassium, bromide of sodium, etc., was due either to the bromine, or potassium, or the sodium, etc. Each of these salts is an indi-

vidual drug, each molecule of which has its own form of motion. Bromine is a substance with its own peculiar molecular condition of motion. Potassium, similarly, has its own motion. Bromide of potassium is the resultant of the two motions. Certain members of the same chemical families, as the bromides, iodides, and chlorides, would seem to go together in therapeutical efficacy, due to similarity of their forms of molecular motion. At any time, we may expect, however, to find wide differences, since our chemical equations simply represent an idea of structure, and tell us nothing concerning the form of molecular movement; and therapeutic effects must certainly depend more on the energy and form of motion than upon any other qualities.

Dr. E. T. Reichert made a few remarks on the use of *Hydrobromic Acid and the Bromides in sea-sickness.*

He said, while crossing the ocean, he had the opportunity of studying the effect of hydrobromic acid and some of the bromides in seasickness. Hydrobromic acid was effectual, but had to be used in such large doses that, owing to the dilution with water necessary, the bulk to be taken was excessive. The bromides were, therefore, he thought, to be preferred. Bromide of sodium, in large doses, was effectual in one bad case. He believed that all the bromides were good.

Dr. J. M. Taylor spoke of the use of *Nitrite of Potassium in Angina Pectoris.*

In an aggravated case of angina pectoris he had obtained very good results with nitrite of potassium. The patient had been suffering for over a year with paroxysms of increasing intensity, until death seemed imminent. After giving the nitrite of potassium for four weeks, the patient recovered. Nitrite of amyl was used sparingly to control the paroxysms.

LEWIS BRINTON, M.D., *Recorder.*

A NEW METHOD OF TREATING SPRAINS.—Dr. Thos. L. Shearer, of Baltimore, reports in the London Lancet several cases of sprains of the ankle-joint treated by enveloping the joint in soft clay, such as used for bricks, and covering with a rubber roller, applied just tightly enough to hold the clay in position and retain the moisture. Cases thus treated he found were able to get about much sooner than those otherwise treated.

THERAPEUTIC NOTES.

STIMULATING APPLICATION FOR GRANULATING SURFACES.

As a protective and gently stimulating application to healthy granulating surfaces, Professor Gross recommends—

℞. Acidi nitrici . . . . ℥j.
Gum acacia . . . . ℥iv.
Aqua . . . . . Oj.
M. Ft. loti.

Or Ung. hydrargyri nitratis . ℥j.
Cosmoline . . . . ℥x.
M. Ft. Ung.
Sig. Apply to surface on a piece of cotton or lint.

LYMPHADENOMA.

For a case of limited lymphadenoma, which appeared before his clinic, Professor Da Costa prescribed cod-liver oil as a general nutrient; also—

℞. Acidi arseniosi . . . gr. $\frac{1}{40}$
Ferri sulphatis . . . gr. ij.
M. Ft. pilulæ No. 1.
Sig. One pill three times daily, gradually increasing the arsenic until some evidence of systemic impression can be perceived.

Locally, he suggested—

℞. Ung. iodi . . . . ʒss.
Ung. belladonnæ . . . ʒss.
Camphoræ . . . . gr. v.
M. Ft. unguentum.
Sig. Apply externally.

STRICTURE.

In urinary obstruction, due to prostatic hypertrophy or thickening of the mucous membrane of the urethra, Professor A. B. Palmer says that relief can frequently be obtained, and the evils of catheterization avoided, by simply making the stream of urine act as a hydrostatic dilator in its passage. This can be readily done during micturition by compressing the urethra between the thumb and fingers so that no urine can escape. An effort is to be made at the same time to forcibly empty the bladder. The result is that the urethra is gently and uniformly distended without risk and without pain. This distension can be obtained and sustained at will, and in a majority of cases, if daily repeated, will soon be followed by the power of almost completely emptying the bladder, with a fair and often a full stream.

Acute Coryza.

Dr. Sajous recommends prompt derivative action by free purgation or diaphoresis. A common prescription is pulv. doverii gr. x, but an active purge with Epsom or Rochelle salts will give better results.

Locally he directs the inhalation of the following powder:—

℞. Bismuth sub. carbonatis . ʒss.
Pulv. acacia . . . ʒss.
Zinci sulphatis . . . gr. x.
Morphia sulphatis . . gr. ij.
M. Ft. charta. Sig.—To snuff up the nostrils occasionally.

Flatulence.

Professor Bartholow states that hysterical flatulence can often be promptly relieved by the administration of from five to ten minims of oleum cajeputi. In cases of ordinary flatulence, simply due to fermentative changes, smaller doses will be sufficient.

Menorrhagia.

Professor Parvin says that cases of menorrhagia occurring without any uterine lesion, can be most effectually relieved by the use of quinine, or the other antiperiodics. For a girl recently before the clinic, who menstruated rather profusely every two or three weeks, without apparent cause, he prescribed five grains of quinine and ten drops of aromatic sulphuric acid, to be taken twice daily for a month.

Zinnis (Archiv. f. Kind.) gives the following rules:—

During cold, damp weather, do not take children out; have them wear woolen shirts; avoid draughts; change the underclothes frequently.

Dr. Seguin (Archives of Med.) urges large doses of iodide of potassium for children. In brain disease, syphilis, etc., he gives to children, from 4 to 8 years old, 60 to 120 grains thrice daily. He claims the absence of iodism or intestinal irritation.

Rotheln.

Dr. W. A. Edwards diagnoses the disease by the eruption on the third day, first on the face, rapidly extending; gradually shading off to the surrounding skin; elevated, especially in the centre of the patches, which is brightest in color. Desquamation first appears there. The rash is never crescentic.—*Medical Record.*

Continuation of the formula employed by Dr. John V. Shoemaker for the treatment of cases at the Philadelphia Hospital for Skin Diseases.

Scrotal Eczema.

℞. Ext. belladonnæ. . . gr. xl.
Ext. opii . . . . gr. x.
Ext. arnicæ . . . ℈j.
Ungt. hydrarg. nit. . . ʒiss.
Acidi tannici . . . ℈j.
Ungt. zinci ox. benz. . . ʒj.
M. Sig.—Externally.

Seborrhœa Oleosa.

℞. Zinci chloridi . . . gr. iij.
Aquæ rosæ . . . . ʒiij.
Sig.—Mop over the surface night and morning.

Acute Papular Eczema.

℞. Ext. erythroxyli cocoæ . ʒij.
Ungt. zinci oleatis . .
Ungt. aquæ rosæ . . āā ʒss.
Sig.—Apply to the part.

Tonic and Laxative Pill.

℞. Acidi arseniosi . . . gr. j.
Ferri pyrophos. . . gr. xxx.
Podophyllotoxin . . gr. v.
M. Ft. pill No. xx.
Sig.—One pill three times daily.

For Sycosis.

℞. Antimonii et potassii tart. . gr. ij.
Aloini . . . . . gr. ij.
Ext. ignatiæ . . . gr. ij.
Ferri iodidi . . . gr. xv.
M. Ft. pillulæ No. xx.
Sig.—One pill three times daily.

Psoriasis.

℞. Ext. colchici . . . gr. x.
Sodii arsenitis . . . gr. j.
Quiniæ sulph. . . . gr. xxx.
Aloini . . . . gr. ij.
M. Ft. pil. No. xx.
Sig.—One pill three times daily.

Bronchitis.

Professor Bartholow recommends a combination of morphia and atropine for the cough of bronchitis when it is accompanied by an abundant secretion.

Fibrous Tumors.

Dr. R. J. Nunn (Transactions of Georgia Medical Association) asserts that various fibrous tumors will be found to diminish in size, and at times to disappear altogether, if the patient be placed upon a diet consisting of pure muscle only.

Beef Tea.

Dr. J. L. Ludlow recommends the following recipe for making an excellent beef tea without heat :—

To a quart of cold water, add a pound of finely-minced fresh beef, a teaspoonful of salt, ten drops of hydrochloric acid, and a couple of cloves. Let it macerate for three or four hours, and then pour through a flannel jelly bag until the liquor comes through clear. When perfectly clear, add eight ounces of wine and sweeten to taste.

Corrosive Sublimate Injections in Joint Diseases.

Vogt employs a solution of the bichloride 1½ gr., chloride of sodium 15 grs., water 12 drachms. He injects 45 to 75 minims in different parts of the joint. He repeated this every four days.—*Centralbl. f. Chir.*

Puerperal Eclampsia.

Dr. J. F. Sullivan (N. Y. Med. Jour.) regards the first indications to free the bowels by injections, and three drops of croton oil on the tongue. If convulsions continue, inject hypodermically 20 drops of fluid extract of veratrum viride and half a grain of morphia. A full and tense pulse indicates free bleeding. By these means the convulsions become less severe and at longer intervals. After 15 minutes, if the pulse has not yielded, inject 10 drops more of the veratrum, and continue thus till the pulse does yield. His experience is that now the convulsions cease. He does not hasten delivery.

Dr. B. F. Curtis (N. Y. Med. Jour.) employs for ulcers of the leg what he styles "a dispensary dressing." The leg and foot are carefully washed with a 1 to 40 carbolic acid solution, or 1 to 1000 of corrosive sublimate, and the ulcer is washed with a saturated solution of boric acid. Over it is placed a thin piece of gutta-percha tissue, so as to extend an inch beyond the edges; this must be soaked in the boric acid solution. The leg is dried, and borated cotton is laid over the ulcer, and the rest of the leg is wrapped in a half-inch layer of cotton batting, and an ordinary bandage applied to the foot. A crinoline bandage three inches wide and ten to twelve yards long, soaked for five minutes in water, is squeezed dry and applied over the cotton, from ankle to knee, making a thickness of three or four layers. This dressing can be worn a week.

Dr. N. S. Davis, in the treatment of cholera, puts the patient to bed and treats as cholera morbus, with the usual remedies. When the patient is so exhausted by vomiting and purging that he can retch no longer, he puts on the back of his tongue a powder of one grain of calomel, one-sixth of a grain of morphia, and four or five grains of sugar. As an enema, he gives ten grains of acetate of lead and half a grain of morphia in two ounces of water directly after a paroxysm. Apply dry heat to the extremities and sinapisms to the belly and back. Retching having occurred, give dilute solution of table salt and small quantities of milk and coffee. After vomiting ceases, he gives small doses of—

℞.	Ac. carbolic . . .	gr. ¼.
	Tr. gelsemin. . . .	gtt. v.
	Tr. opii camph. . .	f℥ss.
	Aq.	f℥j.

—*Ch. Med. Jour. and Exam.*

Incontinence of Urine in Childhood.

Dr. Eustace Smith in his recent work on children, gives the following :—

℞.	Tr. belladon. . . .	f℥j.
	Potas brom. . . .	gr. x.
	Infus. digitalis . . .	f℥ij.
	Aq. q. s. ad. . . .	f℥ss.

This in one dose.

He adds strychnia when the affection occurs both day and night. This author finds a great tolerance of belladonna in children, and believes that it should be pushed to its toxic effect when the case does not yield readily.

A Lotion for Severe Contusions.

Dr. Hewson (Med. Age) has found the following lotion an excellent application in cases of severe contusion :—

℞.	Sodii hyposulphitis . .	f℥iv.
	Acidi carbolici cryst. . .	℥ss.
	Glycerini	℥ij.
	Aquæ	Oj.

A cloth well saturated with the lotion should be kept in constant contact with the parts.

Treatment of Sciatica by Freezing.

Dr. Debove, of Paris, has been employing freezing as a means of revulsion in sciatica with satisfactory results. He employed the chloride of methyl, which by spontaneous evaporation gives a temperature of 9.4° F.; by means of a current of air this can be further reduced to 4.7° F. He applied the drug by means of a siphon. To the extremity of the beak of the siphon he adjusts a lead pipe provided with a

small orifice to allow a proper direction of the jet and to prevent waste. It is quickly applied along the course of the painful nerve from the sacrum to the malleolus, and the skin assumes the peculiar white color due to freezing. The reaction is rapid, leaving more or less erythema. Should painful points remain after a day or so, they are treated in a similar manner.—*Medical Age.*

How to Administer Santonine.

Kuechenmeister has shown that lumbrici lived in a mixture of albumen, santonine, and water, but they succumbed in a few minutes to an oily mixture of santonine. Experience has proven the necessity of direct contact. Santonine powder or troches are not a good way of administration, for the santonine is then mostly absorbed in the stomach. The only rational preparation is an oily mixture which is slowly absorbed in the intestines. In any other mode it has a toxic effect with many, but given with ol. ricini is not disagreeable, and very efficient.—*Revue de Science Medicale.*

Neuralgia.

Dr. Garretson, in the Phila. Med. Times, says, in cases of unexplainable neuralgias no single remedy has proved so useful as these pills. My prescription is as follows:—

℞. Ferri sulphatis exsic.,
Potassii carbonatis . . āā gr. ccl.
Syr. acaciæ q. s.—M.
Ft. pil. No. 100.

M. Coeshi (Gaz. Hebdom.) having used calomel in about 300 cases of diphtheria, reports a mortality of but 12.

The Treatment of Puerperal Fever with Cold Baths.

M. Chobert says: 1. Cold baths can safely be adminstered in the puerperal state. 2. They are indicated in all cases of puerperal trouble attended with high temperature, with the exception of acute peritonitis. 3. We should begin with a bath of 28° C., and gradually lower the temperature until 18° C. is reached. 4. The baths are to be repeated every three hours until the temperature of the patient has fallen to 38° C., and remains there with slight evening oscillations. With the baths large doses of alcohol are to be administered. Diet principally liquid.—*Louisville Med. News.*

M. Drouel (L'Union Med.) uses amyl nitrite by inhalation for poisoning by opium.

Dr. Alder Smith (Br. Med. Jour.) says chrysophanic acid is a very good parasiticide; and, though it is insoluble in spirit and ether, yet it is soluble in chloroform. Chloroform also dissolves the fatty matter out of the hair-follicles, and thus allows the parasiticide dissolved in it to penetrate deeply. During the last year, I have used a solution of seven grains of the acid to the ounce of chloroform to all cases of recent ringworm, and believe it is the most efficient treatment I have yet tried.

The small patches should be carefully marked out by cutting the hair very closely on them, and the chloroform solution should be well pressed and dabbed into the places with a minute sponge-mop, for five minutes, two or three times a day, according to the amount of irritation produced. The aim of the treatment is not to produce scabs, but to get the solution to penetrate deeply. The sponge mop should not be much larger than a big pea, and should be continually dipped into the chloroform-bottle, as the solution soon evaporates whilst it is pressed into the diseased spot, and leaves the yellow acid dry on the place. Great care must be taken that the solution does not run on to the forehead or into the eyes, and that the person using it does not inhale the vapor. I always give full directions about the care necessary in using such a potent remedy, and only employ it to small places of the disease. It is well for the nurse to keep her face away from the sponge, and to use the chloroform in a current of air, and not in a small room. The places should be well washed every morning with hot water and soap, to remove any sebaceous matter or crusts, and the hair should be kept closely cut on them till the new hair appears, which is generally in about two or three months; but the remedy should be continued till all diseased stumps have come out.

Mania-a-Potu.

The treatment of mania-a-potu in the Philadelphia County Prison, where a great many such cases are brought, consists in giving bromide of potassium and chloral alternately in twenty-grain doses every two hours for about twenty hours. Plenty of strong coffee and essences of meat are given in the mean time, but no opium or alcohol. Unusually good results are obtained from this method of treatment, not more than one or two fatal cases having occurred there for years.

Multiple Puncture in Cardiac and Renal Dropsy.

In a recent clinical lecture Professor Da Costa called the attention of the class to the value of multiple puncture in both cardiac and renal dropsy. He considered it to be a measure of great value, and attended with but little danger if properly done. On more than one occasion, when death seemed imminent from internal congestion, he had seen patients rapidly improve, and be able to get about after it had been resorted to. The case before the class was another illustration of its importance. The patient, a man æt. 41, was suffering from dilatation of the heart, accompanied by chronic tubal nephritis. When admitted to the hospital, his face was puffy, legs swollen, lungs congested, and urine full of albumen. In addition, an œdematous laryngitis had been developed from the infiltration of serum in and around the vocal cords, so that he could not speak above a whisper. He was put upon a diuretic plan of treatment, but without much benefit. Professor Da Costa then ordered a number of small punctures to be made in his legs with a bistoury. From the incisions thus made fifteen pints of water were drained off in two days. The relief to the patient was almost marvellous. His breathing became easier, and his voice was restored as soon as the water began to flow freely. His pulse also became stronger, his tongue cleared up, and the anasarca almost entirely disappeared.

As his kidneys were, however, still rather inactive, he was ordered to take half an ounce of the infusion of digitalis twice a day, and a drachm of Basham's mixture three times a day.

Professor Bartholow states that an attack of intermittent fever can often be aborted by the administration of a full dose of chloroform, ʒss–ʒj, when the cold stage is about to supervene.

Pelvic Peritonitis.

Professor Parvin recommends the administration of opium in this affection in sufficient quantity to make the patient comfortable, and to somewhat slow the respiration and circulation. Quinine should also be given to reduce the temperature and check the migration of white corpuscles, and thus prevent suppuration; externally, hot fomentations, or turpentine stupes will be found beneficial. In many cases great relief will be obtained from the application of leeches to the cervix.

After the acute symptoms have subsided, the iodides of potassium or sodium should be given to promote resolution. Much good may also be obtained in this stage from the application of a blister to the abdomen, or the tincture of iodine *per vaginam* to the indurated parts.

Anti-Pyretics.

Professor Gross does not think anti-pyretics are necessary in ordinary cases, where the temperature is only temporarily elevated to 102° or 103°. If it, however, rises above 103°, or remains high for days, then they can be resorted to with advantage. Quinine will generally prove to be the safest and most efficient remedy of this class. It not only lowers the temperature, but, by contracting the bloodvessels, hinders the migration of the leucocytes, and prevents suppuration and the consequent waste of tissue. It should, however, be given in full doses of from twenty to forty grains before the evening exacerbation. If for any reason quinine be not admissible, salicin, gr. xx–xxx, or sodium salicylate, ʒj, may be ordered instead. At other times more benefit will be derived from the wet-pack or cold affusions.

Acute Melancholia.

A case of acute melancholia associated with deficient secretion of the liver and intestinal glands, appeared before the Jefferson Hospital clinic recently. Professor Bartholow, in reviewing the history and present condition of the case, pointed out the probability of the morbid mental state being due to the intestinal torpor which was plainly manifest. He accordingly directed the patient to take eunonynim, gr. iij, ext. colcynth comp., gr. ij, hydrarg. chlor. mite, gr. j, at bedtime, for three nights, and in addition to take a pill composed of one quarter of a grain each of the extracts of physostigma, nux vomica, and belladonna, three times daily.

Treatment of Singultus by Electricity.

Dr. Louis Fischer, of New York, reports to the editor the following case: On October 16th I was called to see Miss S., æt. 19, who had been suffering for two weeks from hiccup. The attacks were almost continuous, occurring every three or five minutes night and day. All the various household remedies had been used in vain. I commenced treatment of the case by ordering fifteen grains each of chloral hydrate and bromide of potassium every three hours, without, however, lessening the spasm or pro-

ducing sleep. Learning that her bowels were constipated, I gave an enema of soap and water, which produced several copious alvine evacuations. I then continued the bromide and chloral treatment, applied a strong sinapism to the epigastrium, and administered morphia hypodermatically morning and evening in addition. This, too, was without any noticeable effect. The hiccup remained as bad as ever. Pressure on the abdomen was then tried, and found to be equally unavailing. I finally, as a last resort, passed a strong galvanic current through the diaphragm, keeping up its application until the patient said she could not bear it any longer. I then gave her a full dose of bromide of potassium, after which she fell into a refreshing sleep, for the first time since the attack began. She awoke in a few hours completely relieved, and has not had any further trouble.

Post-Typhoid Elevation of Temperature.

It not unfrequently happens that during the convalescence from typhoid fever, the temperature will remain persistently high, or fall for a time only to rise again without any other symptom of a relapse becoming manifest. In discussing the causes of this post-typhoid elevation of temperature, Professor Da Costa told the class of a case that presented extraordinary variations in the thermometric record long after convalescence had been established, and in which all irregularities had disappeared as soon as the patient was compelled to get out of bed. The lesson to be drawn from this is, that there comes a time in the recovery from typhoid fever, when, if the patient wants to get well he must get up, provided the condition of his circulation and digestion does not contra-indicate such a course.

In another class of cases, any mental strain or emotion will be found to produce a retrovescence of the fever. As illustrative of this, Professor Da Costa mentioned the case of a boy whose temperature rose to 105° after a crying-spell of half an hour's duration, and that of a man who became worried and fatigued while reading, and whose temperature rose to 104° accordingly.

The patient who was before the class, was not, however, relieved by getting out of bed. His temperature remained high for days afterwards without apparent cause. Finally, after attentive consideration, Professor Da Costa concluded that the trouble in this case was due to the irritation of retained fecal matter. Laxatives were then administered, the patient was put upon a course of belladonna, and the elevation of temperature, which had been a cause of so much sclicitude, abruptly ceased.

New Modes of Treatment.

The following, advance sheets of the London Medical Record Diary, published by Smith, Elder & Co., including some of the most useful therapeutic notes, have been sent to the editor, by Dr. William Murrell, the well-known therapeutist of London, England:—

The Abrus Precatorius has been largely used for ophthalmic purposes. The plant grows abundantly in all parts of India, where it is known as Indian liquorice. The seeds, of a bright scarlet color, with a little black patch round the hilum, have long been familiar to us under the name of jequirity-seeds or jumble-beads. It is found that an infusion of these seeds applied to the conjunctiva has the power of exciting active inflammation. Advantage has been taken of a knowledge of this fact to excite an artificial opthalmia in order to cure granular lids and other similar affections. Dr. Shoemaker, of Philadelphia, in a recent lecture delivered at the Westminster Hospital, stated that he had found a use for jequirity in diseases of the skin, which he thought would prove of much importance. From the way in which it destroyed the exuberant granulations of pannus, he was led to infer that it would be well to employ it in diseases of other parts when exuberant granulations and proliferating cell-growth formed the principal pathological condition. The ordinary infusion not being sufficiently strong, a special preparation was made as follows: Two hundred grains of the bean were decorticated by being slightly bruised and cracked in a mortar. The red hulls were then carefully picked from the cotyledons, and placed in a bottle covered with water; they were allowed to macerate for twenty-four hours, when they were again transferred to a mortar and thoroughly triturated until they were reduced to a smooth paste, when sufficient water was added to make the whole weigh 800 grains. Made in this way, the preparation resembles in appearance an emulsion, and is applied with a camel's-hair brush or mop to the surface to be treated. When applied to healthy, unbroken skin, it exerts no effect; but, when applied to an ulcerated or granulated surface, it excites inflam-

mation and soon sets up healthy action. Dr. Shoemaker has employed this mode of treatment with much success in cases of specific and indolent ulcers, in ulcerating lupus, and in epithelial ulcers; and it is now largely adopted both on the Continent and in America. The seeds are cheap, and can be obtained in unlimited quantities without difficulty.

Muriate of Cocaine.—A salt of the alkaloidal principle derived from the leaves of the coca plant (*Erythroxylon coca*) is at the present moment exciting a great deal of attention as a local anæsthetic. Numerous observations have shown that an application of a 4 per cent. solution to the eye will, in a few minutes, produce so complete a loss of sensation in the part that operations for cataract, squint, etc., can be performed without causing the patient the slightest pain or discomfort. There is at first slight dilatation of the pupil, but it is transitory, and is not accompanied by any material interference with the sight. The action of this peculiar principle is exerted in a similar manner on other mucous membranes, so that anæsthesia may be induced of the ear, nose, mouth, urethra, vagina, or rectum. Cocaine is likewise used for internal administration as a nervous stimulant, and is found to be admirably adapted for the treatment of dipsomaniacs. As the leaf yields only a small percentage of alkaloid, and as the demand for the new drug has been very great, it is probable that the price will be for some time rather high, but as the dose employed is extremely small, this is not a matter of much moment.

Coca itself is again coming into use, and is now prescribed largely in the treatment of various nerve affections. It is an excellent remedy for many forms of neuralgia, and it is highly esteemed in convalescence from long illnesses. Mariana's Coca Wine is an excellent preparation, and may be resorted to with confidence. The valoid of coca, recently introduced by Messrs. Burroughs & Wellcome, of Snow Hill buildings, E.C., is extremely active, and may be used with confidence when the full physiological action of the drug is needed.

Apomorphia still maintains its place as a therapeutic agent. Its properties were originally investigated by Dr. Gee, and Dr. Murrell called attention to its value as an emetic in cases of poisoning. The salt commonly employed is the hydrochlorate, hydrochlorate of apomorphia, which, given hypodermically in doses of one-tenth of a grain, produces emesis in a few minutes. It is essential that it should be administered subcutaneously, as when given by the mouth it is uncertain in its action. In cases of poisoning it is by far the best emetic to employ, and has already gone far to supersede the stomach-pump. The apomorphia tablets made by Wyeth, of Philadelphia, are excellent, and a prolonged trial has shown that they are thoroughly reliable. For country practice they are invaluable, as a solution ready for use can be prepared at a moment's notice.

The introduction by Dr. Shoemaker, of Philadelphia, of the oleates, marks an era in the history of scientific therapeutics. The so-called oleates have been employed for many years, but it is only recently that true chemical combinations have come into general use. Nearly all the oleates are worthy of attention; but space permits of a brief notice only of those which are especially valuable.

Zinc Oleate is a fine pearl-colored powder, not unlike French chalk. It has both an astringent and a stimulating action. In excessive sweating, fetid or otherwise, it is one of the best remedies for topical use. It is especially applicable to those who suffer from an increased flow of sweat around the axillæ and genitalia, or on the palmar or plantar surfaces. For sweating of the feet it is an excellent remedy.

Copper Oleate is a most effective application for arresting bleeding, particularly in irritable sores. It is both an antiseptic and antiparasitic. It may be used with advantage in the treatment of ringworm or chloasma. It should be made into an ointment and rubbed in freely.

Mercuric Oleate is used as an application to tumors, glandular enlargements, indurations, and thickening of the skin. In obstinate ulcers and indolent papules or tubercles it may be employed with confidence. In animal parasitic diseases it may be regarded as a specific remedy.

Mercurous Oleate, in the form of an inunction, is highly recommended in cases of syphilis. It is a powerful agent and should be applied cautiously, as it possesses deep penetrating power, and its quick diffusion might induce constitutional effects.

Lead Oleate, melted with equal parts of lard, forms a cream-colored semi-solid ointment, which is of much value in the treatment of acute eczema. It is equally beneficial in fissured eczema of the palmar and plantar surfaces. If the inflammation and cracking be severe and deep, the addition of napthol or oil of cade will increase very materially the curative action on the parts. Thymol, carbolic acid, and many other stimulating and soothing agents may be advantageously combined with this preparation.

Bismuth Oleate, used in the form of an ointment, possesses an emollient and slightly astringent action, and is useful in soothing and relieving cutaneous irritation. It may be employed with advantage in acne rosacea, sycosis, erysipelas, sunburn, and a host of skin affections.

Convallaria Majalis continues to be largely used as a substitute for digitalis. It lowers the frequency of the cardiac contractions, and at the same time increases their tone and energy. Its action may be described as that of digitalis, minus the dangers of cumulative action associated with the employment of the latter. The dose of the tincture is from five to twenty minims, of the extract from two to eight grains, and of the liquid extract from ten to thirty minims.

Nitro-Glycerine continues to maintain its place as the best remedy for angina pectoris and other allied affections. It is found that the initial dose should be a small one, and should not as a rule exceed one-hundredth part of a grain. After a time a certain degree of tolerance is established, when the drug can be pushed until its full physiological action is produced. It is now largely used in the treatment of neuralgia, megrim, and many other diseases of the nervous system. It was at one time thought that the provisions of the Explosives Act would interfere with the sale of this valuable remedy, but practically it is found that this is not the case, and that it can be obtained without difficulty. By many, the one per cent. solution in alcohol is preferred, whilst others rely on Martindale's tablets, or on the gelatine-coated pills made by Messrs. McKesson & Robbins, of New York, and imported by Messrs. Burroughs & Wellcome, of Snow Hill Buildings, E. C.

Nitrite of Sodium, which in general action is allied to nitro-glycerine, is a valuable remedy for epilepsy, neuralgia, angina pectoris, and other allied conditions. As several accidents have resulted from the use of impure specimens of the drug, great care should be taken to ascertain that it is what it professes to be. The dose should not at first exceed two grains, and it may be administered in water flavored with syrup of Virginian prune, or with aromatics. It is to Professor Matthew Hay, of Aberdeen, that we are chiefly indebted for the introduction of this valuable remedy.

Oil of Ergot.—This is a substance which, for many years, was regarded in the light of a waste product. Of late it has been largely employed by Dr. Shoemaker in the treatment of various forms of skin disease. When applied locally, it exerts a protective, soothing, and astringent action. Few remedies are so efficacious in checking the formation of scales in seborrhœa of the scalp and other hairy parts of the body. It is a powerful stimulant to the hair follicles, and promotes the growth of the hair.

The American Witch-Hazel (*Hamamelis virginica*) is coming largely into use as a remedy for many forms of hemorrhage. That it possesses most valuable properties is now universally acknowledged. There is reason to suppose that it exerts a specific influence on the muscular walls of the bloodvessels. Half a drachm to a drachm of tincture of hamamelis in four ounces of water forms a convenient mixture, the dose of which is a teaspoonful every ten minutes, until the bleeding is arrested. A reliable preparation of this useful drug is Burroughs's Hazeline, made from the fresh bark. It is a clear pellucid fluid having an agreeable odor and taste. It is useful in all forms of bleeding, and is a sovereign remedy for piles and varicose veins. It has been much used of late in the treatment of post-nasal catarrh, and other affections of the nasal passages. For internal administration the dose is ten minims every three hours in a little water, whilst for a lotion or local application it may be diluted with an equal quantity of water, or glycerine and water.

Monobromide of Camphor is one of our best remedies for spermatorrhœa. In therapeutic action it is allied to the bromides. Dr. H. C.

Wood has given it with benefit in cases of convulsions, whooping-cough, hysteria, and asthma. It may be given in doses of five or ten grains every three or four hours. It is not easy to obtain "in solution," and is best administered in the form of the McKesson and Robbins Capsuled Pills, each of which contains two grains.

Chaulmoogra Oil is such a valuable remedy that it is a matter for surprise that it is not more generally used. It is the oil obtained by expression from the seeds of *Gynocardia odorata*, and is officially recognized in India as a remedy for scrofula, scaly skin diseases, rheumatism, and leprosy. In the treatment of phthisis excellent results have been obtained. The oil seems to act first as an expectorant, then the cough becomes less troublesome, and finally an improvement is noticed in the general symptoms. The chaulmoogra is both given internally and applied locally. The dose for internal administration is from three to five minims four times a day; whilst for external use, from four to six ounces should be rubbed into the chest or affected part weekly for from two to three months. If these directions are carefully carried out the best results are obtained. It is most essential to obtain a pure and reliable specimen of the drug.

Corrosive Sublimate has come largely into use as a surgical dressing, and is undoubtedly one of the best antiseptics. Sir Joseph Lister finds that it combines with albumen to form, not an albuminate, properly speaking, but a simple mixture of the two, and that this mixture is much less irritating than a watery solution of corrosive sublimate. Serum, which has been passed in small quantities through a gauze containing sublimate, will not undergo decomposition, though inoculated with putrefying materials. A large amount of corrosive sublimate must, however, be present in the gauze in order to obtain this result, more especially if blood instead of serum be used for the experiment. As the result of the discovery of the less irritating nature of the combination of albumen and corrosive sublimate, a sero-sublimate gauze is now made by soaking gauze in serum containing sublimate. It is found that a sero-sublimate gauze, containing from 2 to 4 per cent. of sublimate, is not irritating, whilst at the same time it is an effectual antiseptic dressing.

The Oil of Eucalyptus continues to be largely used as an antiperiodic, and it is said to be of especial value in obstinate cases when quinine has been taken over and over again without much benefit. The weight of evidence is undoubtedly vastly in favor of the possession of decided antiperiodic properties by eucalyptus, but it is not likely to supersede the cinchona alkaloids. The dose is from one to five minims emulsified or mixed with olive oil. Mr. Watson Cheyne uses it in the abortive treatment of gonorrhœa, oil of eucalyptus and iodoform being made into bougies with cocao butter. The best formula is five grains of iodoform and ten minims of oil of eucalyptus in a forty-grain bougie. These rods are four or five inches in length, and about the size of a No. 10 catheter. The following is the mode of application which Mr. Watson Cheyne recommends: After the patient has passed urine, a bougie is dipped in eucalyptus oil and passed into the urethra, a pad of boracic lint being placed over the orifice, covered with gutta-percha, and fastened on by strapping. This is retained for about five hours, when the patient passes water and injects two syringefuls of the solution of sulphocarbolate of zinc—two grains to the ounce of water. This injection is employed six or seven times daily, and is continued for three or four days, and when the acute symptoms have subsided, injections of sulphate of zinc—two grains to the ounce—are substituted. It is advisable at the same time to order diluents and alkalies, to keep the bowels open by salines, and to forbid the use of alcohol. Copaiba is given in half drachm doses thrice daily from the beginning. The contagiousness of gonorrhœa and the period of incubation point to a parasitic origin. The antiseptics, eucalyptus and iodoform, probably destroy the specific organisms without injuring the already irritated and weakened mucous membrane. The acute inflammation is probably caused by a growth of these organisms in the mucous membrane; with their destruction the inflammation ceases to extend, and the altered tissue tends to return to the normal state.

The antiseptic properties of oil of eucalyptus are of interest in connection with the antiseptic treatment of phthisis. It is now largely used for this purpose, and the results are in many cases strikingly beneficial.

THE
Medical Bulletin.

JOHN V. SHOEMAKER, A.M., M.D., Editor.
F. A. DAVIS, Att'y., Publisher.
A. L. HUMMEL, M.D., Business Manager.

Philadelphia, Feb. 1885.

THE BULLETIN especially calls the attention of its readers to an original communication which appears in its columns this month, entitled the "Clinical History and Treatment of Lichen Ruber," written by Dr. P. G. Unna, of Hamburg, Germany. The author, as is well known, ranks as one of the foremost among the dermatologists of Europe, and, as a scientific authority in his specialty, stands peerless. Owing to the exhaustive manner with which the Doctor has treated his subject it will run through four numbers of this magazine before completion. As the manuscript was written in the German language we entrusted it to Dr. George Friebis, an accomplished linguist, for translation, and he has certainly performed his part admirably, for which he has our thanks. It is with pardonable pride that we make the above announcement, for when gentlemen, who occupy such high positions in our profession, both abroad and in our own country, as our correspondents do, voluntarily make THE BULLETIN the medium for expressing their views, and instructing others by their learning and research, it is certainly convincing that the course we marked out to pursue was the proper one, and that it has put this journal far in the front of medical literature. We doubt very much if any of our contemporaries can show an array of talent equal to that which is continuously displayed in the columns of THE BULLETIN; and we are perfectly willing that the medical reading public shall be the judges, confident of their decision. When we remarked, in an editorial, written after our return from Europe, that we had not been unmindful of our readers' interests, it was no unmeaning boast, as we have thus far made good our assertion, and the end is not yet. In conclusion, we repeat that it is with much pleasure we introduce Dr. Unna to our numerous friends, for so we esteem all the readers of this periodical.

ALIMENTATION IN DISEASE.

PROFESSOR AUSTIN FLINT recently delivered an admirable address before the New York State Medical Association, in which he directed attention to the value of alimentation in the cure of disease. This is a subject which does not always receive the attention it merits. Too often the physician considers his whole duty to consist in the administration of medicines, regardless of the fact that they can only do good by restoring the equilibrium between the vital processes, and cannot compensate for a deficiency of the nutrient material, which is essential for the proper performance of every function. It is true that by the use of appropriate remedies certain organs can be stimulated to increased activity, and various noxious substances thus eliminated from the system. If, however, a sufficient supply of the elements of nutrition be not furnished at the same time, the jaded organs will become feebler and feebler and finally fail to respond to any stimulus.

In considering the therapeutical application of dietetics, Professor Flint well says that there are two fundamental principles to be kept in view. One of these is that there is never danger from over-nutrition in either acute or chronic diseases. The other is that in all diseases which destroy life by slow asthenia or exhaustion death is due to starvation, and may be averted if effective nutrition and assimilation be practicable. The soundness of these principles has been recognized by the most eminent practitioners of all ages, and will be found to be the basis of their more notable and successful methods of treatment. The ancients, as is well known, were so much impressed with the

value of a suitable regimen as a means of cure that they refer more frequently to it than to the benefit to be derived from medicines alone. Cheyne, in commenting upon this, wrote that it was to be observed that "Hippocrates, Galen, Celsus, and their followers, cured by means of diet, evacuants, air, and exercise mostly, even as well as we do with all our knowledge of animal economy, chemistry, and materia medica." Cheyne, himself, who was one of the shrewdest observers of his time, laid equal stress upon the importance of an appropriate diet. "Let us not forget," he exclaimed, "the dietetic management, that part which has the greatest influence, especially in nervous and chronic distempers, and without which the best and truest remedies fail of their effect."

Physicians, however, have their idols as well as the rest of mankind. Accordingly, we find that too many have ever been prone to regard the matter of diet as of comparative unimportance, and to place unlimited faith in the power of drugs alone. This unreasoning credulity is undoubtedly responsible for much of the superficial skepticism which assumes that the course of disease is uninfluenced by any remedy. Of late years, however, the relation of diet to therapeutics has been more definitely established. The physician is no longer obliged to restrict himself to the vague direction of eating only "good nourishing food," but is enabled to specify the articles which may be taken, and those which are to be avoided, in each particular case. Among the causes which have combined to bring about this desirable result, the most prominent was the incorporation of a section on alimentation in Bartholow's Materia Medica. Previous to this it had not been considered worthy of a place in any treatise, although, as Professor Bartholow cogently stated in his introduction, "The various aliments are of the first importance as remedial agents. No satisfactory repair of diseased or wasted tissues can take place without a suitable supply of healthy blood, and healthy blood is the product of proper food and normal digestion and assimilation."

In this section the composition of the more common articles of food, with their relative value in health and disease, was given in detail, and the various special plans of diet-treatment, such as the milk-cure, grape-cure, etc., were fully explained, and the conditions described which gave them their value. Since then there has been a more general appreciation of the fact that in the dietetic treatment we possess a useful, and often indispensable, auxiliary to the medicinal one. The wonderful success of Dr. Weir Mitchell in the relief of many obstinate nervous affections by rest and food only is well known. Equally brilliant results have been attained from the same method by other physicians. Recent experiments indicate that similar benefit may be obtained in some chronic wasting diseases by a combination of forced feeding with artificial digestion. Much remains, however, to be ascertained before our knowledge can be placed upon an exact basis. The cure of disease is an intricate problem, for the solution of which several elements are requisite. The element of alimentation is, however, one of the greatest importance.

NINTH INTERNATIONAL MEDICAL CONGRESS.

THE committee on organization of the Medical Congress, to be held in Washington, D. C., in 1887, have already selected some of the officers and adopted rules for what should be one of the largest and most useful gathering of medical men from all parts of the world. The recent meeting held at Copenhagen has demonstrated how much good scientific work can be accomplished by such meetings when proper preparation has been made. The committee on organization have recognized this fact, and have gone to work early, in order to arrange and perfect such an organization as will be worthy of the American medical profession. They are doing their duty well, but the profession throughout the country should soon begin to move, and give them all possible assistance. Each State and County Society might appoint sub-committees on finances, and thus be of the utmost assistance to the executive committee in making the coming meeting an assured success beyond all doubt. The profession in Europe, from the

knowledge of the matter, are looking forward with much interest to this ninth international meeting, in 1887, and very many of the most prominent members from all the large medical centres expect to be present. We should, therefore, one and all, assist Dr. J. S. Billings and the executive committee in giving them a hearty welcome.

THE AMERICAN MEDICAL ASSOCIATION.

THE annual meeting of the American Medical Association at New Orleans in April of this year promises to be unusually large, and the sections to be well filled with plenty of original work. Our Southern friends always have a most perfect arrangement at all times when the association meets in their midst. This southern medical centre contains some of the very best men in our profession, who unite in extending a most cordial welcome to the members from all parts of the country. It is to be hoped that the Pennsylvanians, as usual, will be present in large numbers, as a compliment to our well deserved Southern brethren, especially the president, Dr. H. F. Campbell, whose election was an honor to the American medical profession, and who will give, upon the occasion of the meeting in New Orleans, one of his happy and interesting addresses.

Dr. Samuel Logan, 241 Prytania Street, is chairman of the committee of arrangements, and will gladly receive and assign the papers of the members to the several sections.

MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA.

THE thirty-sixth annual meeting of the society will be held on the second Wednesday of May, 1885, at Scranton, Lackawanna County, Pa. The title of all papers should be sent to the chairman of the committee of arrangements, Dr. G. F. Everhart. The members of the society, however, should bear in mind the following resolution and amendment, that was passed at the last annual meeting in Philadelphia:—

Resolved, All papers read or appointed to be read before this society become thereby the exclusive property of the society, and the author has no right to publish, or cause to be published, the paper, or any part of the same, without the consent of the society; and that the committee on publication shall not be at liberty to publish any paper that has been published in violation of the above requirement.

The amendment offered by Dr. Strawbridge and adopted also, as follows:—

Resolved, That the chairman of the committee on publication be authorized to publish abstracts of the papers read at the meetings of the Medical Society of the State of Pennsylvania, the same not to interfere with the regular authorized yearly publications.

The members, by the adoption of the resolution and amendment, are now not at liberty to furnish to any medical journal the least account of the material in their contributions to the society. All papers and abstracts go into the hands of the chairman of the committee on publication, and it will be his duty in the future to say whether any part of them shall or shall not appear.

THE AMERICAN MEDICAL EDITORS.

THE time is drawing near for the annual meeting of the Association of American Medical Editors in New Orleans. It will be held the evening before the day of the organization of the American Medical Association.

The association has already a large membership, and it is to be hoped that a large number will be present and take an active part in this annual gathering, that has been the means of doing considerable good the past few years. Medical editors, authors, and writers are all eligible to membership. The members of the entire profession are always welcome at the meetings. The following are officers of the association: President, Dr. Henry O. Marcy, Boston, Mass.; Vice-President, Dr. John V. Shoemaker, Philadelphia, Pa.; Secretary, Dr. H. O. Walker, Detroit, Mich. At the coming meeting the president will deliver his annual address, which will be open for discussion to the association, as well as to the members of the profession that may be present.

PHILADELPHIA COUNTY MEDICAL SOCIETY.—Dr. William Welch, the retiring president of the society, who has so ably filled his office now for several years, delivered, on Wednesday evening, January 14th, before the members and a large number of guests, an interesting and most instructive address on "The Jenner of America." On the adjournment of the meeting, a social entertainment was held in the pathological room. The committee of arrangements, Drs. Charles M.. Seltzer, William R. Cruice, and Maurice S. French, deserve a special compliment from the society for the excellent manner in which the entertainment was conducted. A mingling of the social element in the society has been largely instrumental in making it the most popular medical one in Philadelphia. Dr. William Welch, the retiring president, has been one of the most active and energetic members in bringing the organization to its present state of perfection, and is well worthy of the compliment just tendered to him by his fellow-members.

FOREIGN CORRESPONDENCE.

COCAINE.

ITS USE IN THE VIENNA AND LONDON HOSPITALS—EMBOLISM OF RIGHT BRACHIAL AND RIGHT CEREBRAL ARTERIES, ETC.

EDITOR OF MEDICAL BULLETIN: From the many things that I have seen and heard, both in this city and in Vienna, about which I might write, it is hard to choose that which would most interest your readers.

Since cocaine is the newest thing, and that which is attracting most attention now, I will give it the first place. Like all new discoveries in medicine, it is undergoing severe trial in the hands of many men, some of whom sing loudly the praises of the new drug, while others say "it does no good," in manner that would indicate that they are glad of it, since they, themselves, happened not to be its discoverer and introducer.

That cocaine is good for some things has already been abundantly proven. In the Royal London Ophthalmic Hospital cocaine was added to the list of remedies soon after its introduction, for trial, and now it has become a necessity. The strength of the solution used is four grains to the ounce of water, a drop or two of which is put in the eye every five minutes until the fourth or fifth repetition, and the operation is performed five minutes after the last one. When the patient is put on the operating table one of the effects which we notice that the medicine has produced, is a wide dilatation of the pupil; and another is, when the operator touches the cornea with his finger, or takes hold of the conjunctiva with his forceps, there is, in most cases, no motion on the part of the patient to indicate that he feels any disagreeable sensation. He often says that he feels nothing. Then, so far as the cornea and conjunctiva are concerned, the operator feels that he can do his work without inflicting pain, and yet the patient is in the full possession of his consciousness; and so he does in most cases. There are some, however, on whom as much cocaine has been used as ordinarily, and in whose cases the touch with the finger and forceps is satisfactory, yet under the knife or scissors the patient suffers. Whether a stronger solution of the drug, or a longer continuance of its use, would entirely prevent pain in such patients we know not, but think it probable, knowing that some patients require much more ether or chloroform to render them insusceptible to pain than do others.

In cases where foreign bodies have to be removed from the cornea, cocaine acts like a charm, and were it good for nothing else, it would still be a blessing. All who have ever removed a foreign body from the cornea know how agonizing is the pain endured by some patients when being operated on. When cocaine has been properly used, most patients experience no pain, and are troubled but a short while by the dilatation of the pupil, this effect of the drug usually passing away in an hour or two.

In the operation for strabismus cocaine is extensively used, and with good results. In most patients there is no pain on cutting through the conjunctiva, which, ordinarily, is the most painful part of this operation, the taking up and the cutting of the tendon being attended by but little pain.

I have seen cocaine used but little in cases operated on for cataract. Most operators here (nearly all of whom give ether or chloroform before this operation) are afraid to risk it, preferring to take the greater risks attending the administration of our old anæsthetics. Unquestionably the cocaine renders *nil*, in some cases, the pain produced by the use of the fixation forceps and cataract knife, and to a few the iridectomy seems to give no uneasiness. On such a case Mr. Tay operated this morning. The patient was an old man, and, though the operation was prolonged, on account of some lens substance remaining after the body of the lens came out, he had a placid face throughout, giving evidence at the end in favor of the use of cocaine.

Some one has suggested that the operation for cataract ought to be performed as follows: First, put the *patient* under the influence of ether or chloroform, and perform a preliminary iridectomy; secondly, after the eye has recovered from this operation, put the *eye* under the influence of cocaine and extract the lens, thus avoiding the risk attending the vomiting, which so often follows the administration of an anæsthetic, especially ether.

Cocaine has also been used in urethral surgery. Only to-day, at St. Peter's Hospital, I was told that one patient's urethra was so irritable that any attempt to pass the catheter gave him much pain. A solution of cocaine was injected and retained for a minute or two, when the catheter was immediately passed without giving pain.

In the removal of growths from the nose and larynx, cocaine has already a fixed use. During my course of study under Professor Stoerk, of Vienna, he had a patient who had a tumor on the left vocal cord, which he removed without giving the least pain, having first brought the parts concerned under the influence of cocaine. I have heard of a similar case operated on in London, with like results. After such an operation the patient must not be allowed to swallow any fluid for a short while, some of which would almost surely enter the trachea, the insensibility of the larynx leading to its incomplete close in the act of deglutition. This insensibility, however, is but of few hours' duration.

Having written enough about cocaine, I now turn to write about some medical and surgical cases I have seen in the hospitals of London. One of the most interesting, as well as most curious, medical cases I have seen was shown me by Dr. George Johnson, in one of the medical wards of King's College Hospital. The patient was a man of middle age, who, not suffering from any heart disease, had embolism of the right brachial artery and right cerebral artery, occurring simultaneously. The plugging of the brachial artery had resulted in loss, by mortification, of several fingers; while left-sided hemiplegia resulted from the plugging of the cerebral artery.

Another interesting case was that of a lady, in whom there was a closure, in part or complete, of the inferior vena cava, the blood being returned to the heart through superficial veins on abdomen and chest, the course of the flow in some of the veins having been changed.

Of the many surgical cases I have seen, one of Mr. Bryant's, at Guy's Hospital, is of sufficient interest to record here. The patient was a young man, a laborer, in good health to the time of his accident. Some weeks before coming to the hospital, on attempting to lift a heavy load, he heard something pop, and felt a peculiar sensation in the region of Scarpa's triangle, on right side. In a day or two he noticed a little lump, which continued to increase in size from day to day. Mr. Bryant's diagnosis was traumatic aneurism of the femoral artery. The patient consented to an operation for his cure, which was done by ligating the external iliac, the tumor being too near Poupart's ligament to allow the passage of the ligature around the femoral artery. This was the ninth time that Mr. Bryant ligated this vessel.

Many surgeons in London contemplate with a feeling of horror, the operation of "wiring the patella." Mr. Lister likes the operation, however, and performs it quite frequently. I have seen him do the operation once. The patient was a woman, who, two years previously, had fractured her left patella transversely. The segments had not been properly approximated, and when she got well they were about an inch and a half apart, united by a fibrous band. She had fairly good use of her limb, but having been promised that it could be made better, she gave her consent to an operation. She was put under the influence of ether; the limb was elevated, so as to empty it as nearly as possible of blood, and then a cord was cast around the thigh. Mr. Lister made an incision six inches long, extending from the inferior border of the lower segment up in the median line. The next step was to separate the tendon and lower end of the quadriceps extensor from both their superficial and deep connections, as far as the incision would allow. He then passed a silver wire through the tendon just above the upper segment, and made it into a loop so as to facilitate a very important part of the operation, the proper division of the muscle and tendon, to allow the upper fragment to descend to the lower. He then made a V-shaped incision, partly in muscle and partly in tendon, the point of the V being above the centre of the upper segment. From the upper end of each prong of the V he made incisions, in the one instance down and out, in the other down and in, leaving still undivided some of the muscle and tendon both on the outside and in. The incision as completed was in the shape of the letter M. Now the two segments could be easily approximated. He then removed the fibrous band connecting them, and with the chisel and pliers freshened the surfaces to be united, and then drilled a hole in each from the freshened to the anterior surface. Through these holes he passed a silver wire and bound the two pieces together, having first tied all bleeding vessels. Having twisted the wire securely, he cut the ends off close. Finally, after inserting a number of drainage tubes, he brought the edges of the external wound together, by means of sutures, and applied his usual dressing.

It is needless to say that the *spray* was used,

and that everything about the patient had first been put in a solution of carbolic acid of a definite strength. Nor did any man dare touch either patient or instruments without having dipped his hand in a solution of carbolic acid, prepared for the purpose. "Listerism" is carried out to the letter by Mr. Lister, who doubtless believes that most patients would die without it, however trivial might be the operation.

G. C. SAVAGE.

London, England, Jan. 9, 1885.

COLLEGE GOSSIP.

University of Pennsylvania.

Dr. George P. Terrill (Class of 1853), graduate for nearly thirty years, an active practitioner of medicine in Salem, Va., died suddenly of uræmic convulsions, at his residence there, on the morning of November 5th, in the fifty-fourth year of his age. Dr. Terrill was one of the most distinguished physicians of the State. He leaves two sons in the profession. His eldest son, Dr. Francis H. Terrill, is Professor of Therapeutics in the University of California, San Francisco. His third son, Dr. George M. Terrill, is a recent graduate of the University of Pennsylvania (Class of 1883), and succeeds to his father's practice.

Dr. J. William White (Class of 1871) delivered an interesting lecture on the opening of the Training School for Nurses in the Philadelphia Hospital.

Dr. W. W. Jaggard, of Chicago, read an excellent paper, entitled Palliative Measures in Rupture and Extra-Uterine Pregnancy, December 1st, before the Chicago Medical Society.

The Biological Department of the University of Pennsylvania was formally opened on the 4th of December by the Provost, Dr. William Pepper. It will be under the direction of Dr. Joseph Leidy. Its prime object will be to encourage individual and original research.

Prof. John Ashhurst's fifth volume of the "International Encyclopedia of Surgery," has just been issued by the well-known publishing house of William Wood & Co., of New York.

Jefferson Medical College.

Dr. G. C. Savage, of Jackson, Tenn., who has been pursuing his studies in Vienna and London, has written THE BULLETIN an interesting letter, which appears in this issue. Dr. Savage expected to sail for home January 29th and spend a session in attending the post-graduate courses at his *Alma Mater*.

The officers of the Class of 1885 are: President, J. D. Orr; Treasurer, J. C. Barr; Secretary, J. E. Oliver.

Dr. Wm. S. Higbee (Class of 1883), of Philadelphia, was married on January 6th to Miss Jennie K. Scull.

Dr. William B. Atkinson was in attendance last month at the Pennsylvania Editorial Association, held at Harrisburg, Pa.

The late Dr. J. Marion Sims was preparing, prior to his death, a work entitled "The Story of my Life," which has recently been edited by his son, Dr. H. Marion Sims, and published by D. Appleton & Co., of New York.

Dr. Francis R. Shain, surgeon of the Red Star Line of steamers, was presented, a few months ago, with a gold medal by the Royal Humanitarian Society, for his valuable assistance in a surgical operation performed by the distinguished Belgium surgeon, Dr. Leopold Servia, of Antwerp.

Dr. Henry Leaman (Class of 1864) exhibited an unusually good dynamometer of his own invention, before the Philadelphia County Medical Society, Wednesday, Jan. 21, 1885.

University of Vermont.

Dr. Ambrose L. Ranney, Professor of Applied Anatomy in the Post-Graduate Medical School of New York, has been appointed to fill the chair of Anatomy, recently made vacant by the death of Professor Wm. Darling.

Alabama Medical College.

Dr. Edmund Pendleton Gaines died of Bright's disease, in Mobile, Ala., December 7th. He was Professor of Physical Diagnosis and Clinical Medicine in the Alabama Medical College.

McGill University.

The undergraduates of medicine in the McGill University held their annual dinner at the Windsor Hotel on Thursday evening, December 4th. About 140 men were present, including many members of the Faculty and University officials, and distinguished guests.

H. V. Ogden, B.A., M.D. (McGill, 1882), has been nominated Lecturer on Materia Medica in the new School of Anatomy and Surgery to be opened in Milwaukee, Wis., next March.

University of Louisville.

Dr. T. S. Bell, of Louisville, Ky., died in that city December 28th. He was appointed Professor of State Medicine and Sanitary Science in the University of Louisville, and retained this position with distinction up to the day of his death. He was editor for many years of the Louisville Medical Journal.

MEDICAL NEWS AND MISCELLANY.

NINTH INTERNATIONAL MEDICAL CONGRESS.—The following officers have been elected by the committee on organization: President, Dr. Austin Flint, Sr., of New York. Vice-Presidents, Dr. Alfred Stillé, of Philadelphia; Dr. Henry I. Bowditch, of Boston; Dr. R. P. Howard, of Montreal, Canada. Secretary-General, Dr. J. S. Billings, U. S. Army. Treasurer, Dr. J. M. Browne, U. S. Navy. The Executive Committee, the President, the Secretary-General, and the Treasurer (*ex officiis*); Dr. I. Minis Hays, of Philadelphia; Dr. A. Jacobi, of New York; Dr. Christopher Johnston, of Baltimore; Dr. S. C. Busey, of Washington.

PHILADELPHIA ACADEMY OF SURGERY.—Dr. John H. Packard delivered the annual address on Monday evening, January 5th.

THE PHILADELPHIA COUNTY MEDICAL SOCIETY elected, on January 7th, the following officers: President, R. J. Levis, M.D.; Vice-Presidents, O. H. Allis, M.D., and De Forrest Willard, M.D.; Secretary, H. Leffman, M.D.; Corresponding Secretary, M. S. French, M.D.; Treasurer, L. K. Baldwin, M.D.; Librarian, C. M. Seltzer, M.D.

THE COLLEGE OF PHYSICIANS OF PHILADELPHIA.—At the meeting held January 7th the following officers were elected: President, J. M. Da Costa, M.D.; Vice-President, S. Weir Mitchell, M.D.; Secretary, Richard A. Cleemann, M.D.; Treasurer, Chas. Stewart Wurts, M.D.; Honorary Librarian, J. H. Hutchinson, M.D.; Recorder, J. Ewing Mears, M.D.

HUDSON COUNTY MEDICAL SOCIETY OF NEW JERSEY.—At a special meeting of the society, held in Franklin Hall, Jersey City, January 6th, Dr. John V. Shoemaker, of Philadelphia, by invitation, delivered a lecture on Psoriasis, illustrated by cases from the Philadelphia Hospital for Skin Diseases. At the conclusion of the lecture Dr. J. M. Quimby entertained Dr. Shoemaker at dinner and at an evening reception at his house, the latter being largely attended by the resident members of the profession. Among the prominent guests present was Professor Alfred Post, of New York, who is still an active worker in the profession he has so well adorned. Notwithstanding Dr. Post's advancing years, he continues as enthusiastic as ever in all matters of professional interest.

DR. JAMES H. DUFF, of the South Side, Pittsburg, Pa., died on Monday night, December, 22, 1884, at the age of sixty-one years. Dr. Duff, after a thorough preliminary education was completed, entered the office of Drs. Allison & Stewart, of Murraysville, and then, from 1845 until 1848, attended the lectures at Jefferson Medical College at Philadelphia. At the close of the latter year he passed a highly creditable examination for the United States Navy, after which he returned to his father's home on a visit. Being asked by many friends to remain at home, he finally gave up his intention of entering the navy and entered upon an almost immediate and lucrative practice. Here he remained for eighteen years, the friend of the rich and poor alike, discharging with unflagging zeal the duties of his noble profession. Dr. John Milton Duff, a son of the deceased, who graduated in Jefferson Medical College in 1874, since which time he has been in active practice, will succeed his father at his late place of residence.

BOOK REVIEWS.

Myths in Medicine and Old-Time Doctors. By ALFRED C. GARRATT, M.D., Fellow of the Massachusetts Medical Society; Member of the American Medical Association, etc. New York and London: G. P. Putnam's Sons, 1884.

In this scholarly and interesting volume the rise and progress of medical science is sketched by a skilful hand. Beginning with the aphorisms of Hippocrates, and the doctrines of Galen and his disciples, the current of medical thought is traced through all its vicissitudes, until the revival of rational methodical inquiry in the eighteenth century. The theories of the alchemists, and the other delusions of the middle ages are duly described. The most instructive chapter, however, is that which details the successive steps in the recognition and treatment of diseases of the nervous system. Notwithstanding the obscurity in which those affections were enshrouded, many marvelous cures were effected by the old-time doctors. They knew nothing of minute anatomy, and but little of physiology, but they were careful observers of all the phenomena of disease, and almost intuitively adopted a plan of treatment, which might be followed with benefit even at the present day.

Visions of Fancy. By N. M. BASKETT, M.D., St. Louis, Mo.: Commercial Printing Co.

This elegant volume is a collection of the poems written in the intervals of a busy practice by Dr. N. M. Baskett, of Moberly, Mo. Several of them have been published in various Western journals, and copied extensively throughout other sections of the country. Their appearance in book form now will be hailed with pleasure by those who read them at that time. They are all, without exception, of more than usual merit, and many of them are worthy of a high place in American literature.

The Medical Graduate and his Needs. By GEORGE C. WELLNER, M.D. Detroit: George S. Davis, 1884.

This little book consists of a series of well-written essays on the difficulties of diagnosis, prognosis, and treatment, which are sure to confront every young physician. The common error of making a too superficial examination is well pointed out, and the importance in all cases of pursuing a plan of methodical inquiry is strongly urged.

A Manual of Bandaging—Adapted for Self-Instruction. By C. HENRI LEONARD, A.M., M.D., with one hundred and thirty-nine engravings; second edition, revised and enlarged. Detroit, Mich.: Illustrated Medical Journal Company.

The proper application of a bandage not only materially contributes to the comfort of a patient, but is absolutely necessary for the attainment of the best results. There are times, however, in which it is difficult to decide just how one should be employed to the best advantage. In these cases a reference to this valuable work will make the matter clear. Every bandage that is likely to be used is described in it in a plain and explicit manner. The illustrations are well-executed and equally clear.

Physicians' Daily Pocket Record and Visiting List. By S. W. BUTLER, M.D. Edited by D. G. BRINTON, M.D. Published at the office of the Medical and Surgical Reporter, Philadelphia.

This well-known and popular visiting list is now in the nineteenth year of its publication. It contains a well-arranged obstetric and vaccination record, as well as an ample amount of space for daily memoranda, cash record, etc. It also contains a complete posological table, with doses for hypodermic use, a chapter on the treatment of emergencies, a very clear description of the various urinary tests, and a review of the latest remedies brought before the profession.

A Text-Book of Pathological Anatomy and Pathogenesis. By ERNST ZIEGLER, Professor of Pathological Anatomy in the University of Tübingen. Translated and edited by DONALD MACALISTER, M.A., M.B., member of the Royal College of Physicians, etc. New York: Wm. Wood & Co., 1884.

While an accurate appreciation of morbid processes is essential for the proper administration of therapeutical remedies, it must be admitted that many treatises on pathology are not written with the clearness and conciseness so necessary for the proper understanding of so important a subject. No such objection, however, can be urged against this volume, which is issued as the September number of Wood's Standard Library. Its author Dr. Ziegler, is well known as one of the most distinguished of modern anatomists. A previous volume published by him, on general pathology, met with a most flattering reception, three editions having been called for within a year. There is no doubt that this one will be equally as popular; for, while it contains all the ascertained facts of morbid anatomy, arranged in a direct and lucid manner, it is singularly free from useless minutiæ and idle speculation.

A Manual of Diseases of the Throat and Nose, including the Pharynx, Larynx, Trachea, Œsophagus, Nose, and Naso-Pharynx. By MORELL MACKENZIE, M.D. *Vol. II. Diseases of the Œsophagus, Nose, and Naso-Pharynx.* New York: Wm. Wood & Co., 1884.

The good judgment that has made Wood's Standard Library so popular is well-exemplified in the publication of this admirable volume as the August number. Dr. Mackenzie's reputation as an authority in diseases of the throat and air-passages is as well deserved as it is world-wide. This volume contains a full explanation of the line of treatment that has been so successful in his hands. It is illustrated with a number of appropriate engravings, and written with the clearness and precision that can only come from a thorough knowledge of the subject. It also contains an exhaustive description of all the affections of the nose, naso-pharynx, and œsophagus, which will well repay careful study. Diseases of these parts do not always receive sufficient attention, particularly after the acute symptoms have subsided. It is more than possible that this neglect will frequently lead to the involvement of more important structures.

What to do in Cases of Poisoning. By WM. MURRELL, M.D., F.R.C.P. Fourth edition. London: H. K. Lewis, 1884.

This valuable little book well deserves the popularity which has been bestowed upon it. Indeed, we do not know of any work that contains so much essential information within so small a space. Neither do we know of any subject more deserving of earnest attention than this very one of poisons and their treatment. For, owing to the increase of arts and manufactures requiring the use of strong acids and other potent chemicals, cases of accidental poisoning are of frequent occurrence. The physican may therefore be called on at any moment to treat such a case. If his knowledge is equal to the emergency all may be well, if not, his position will be a most unenviable one. For, as the talented author truly remarks, "Nothing more painful can be imagined than to be called in to a case of poisoning and not know what to do."

In preparing the fourth edition, the author has revised and enlarged it, in order to incorporate the results of the most recent physiological and therapeutical discoveries. It now contains a section on "the differential diagnosis of poisons," "the antidote bag and what to keep in it," "the legal aspect of cases of poisoning," and a very full description, alphabetically arranged, of the more common poisons, their symptoms, and the remedies by which their effects can be most effectively combated. We can cordially recommend it to our readers as being the best manual that has yet been written on the subject.

The Basic Pathology and Specific Treatment of Diphtheria, Typhoid, Zymotic, Septic, Scorbutic, and Putrescent Diseases. By GEORGE J. ZIEGLER, M.D., Philadelphia, Pa. Published by the author.

Dr. Ziegler is a firm believer in the theory that all the various zymotic and septic diseases are so intimately dependent upon or complicated with an excess of ammonia in the system, that it is to be regarded as the prime factor in their production. With the aim, therefore, of effecting its neutralization or elimination, the remedies administered should be of an acid or anti-alkaline nature. A number of authorities are referred to in support of this view, which probably contains a stratum of truth. Modern pathology, however, has shown that the undue alkalinity, as well as the ammoniacal odor, which has been observed at times in the blood, is due to the dissolution of the tissues, and is, therefore, a consequence and not a cause of the original malady. While we are thus unable to indorse the author's ideas on etiology, there can be no doubt that the line of treatment favored by him is in full accord with the experience of the profession.

Transactions of the Medical Association of Georgia; Thirty-fifth Annual Session. Compiled by JAMES A. GRAY, M.D., Secretary, Atlanta, Ga. Published by the Association.

The flourishing condition of the Georgia Medical Association is well shown by the sumptuous appearance of this elegant volume of 477 pages. The press-work, paper, and binding are of the finest quality, and combine to make it a model of the book-making art. The contents are of an equally high order of merit, whether viewed from a literary or a practical point of view. Among the articles especially noteworthy is a report by Dr. Robert Battey of over thirty cases in which either ovariotomy or Battey's operation was performed with complete success; and a valuable and suggestive paper on "Diet in consumption, and other morbid states and processes in diseases of the genito-urinary system," by Dr. R. J. Nunn, of Savannah.

Medical Rhymes. A collection of rhymes of ye anciente time, and rhymes of ye modern day. Rhymes grave, and rhymes mirthful; therapeutical and surgical; all sorts of rhymes to interest, amuse, and edify all sorts of followers of Esculapius. Selected and compiled from a variety of sources, by HUGO ERICHSEN, M.D., Professor of Neurology in the Quincy School of Medicine, etc. With an introduction by Professor WILLIS P. KING, M.D., Sedalia, Mo. Illustrated. J. H. Chambers & Co., St. Louis, Mo., Chicago, Ill., Atlanta, Ga. 1884.

Of all the recent works that have appeared, few possess, for relaxation and pleasure from reading, so much that will interest. The illustrations well portray the collection of rhymes, and the book merits a ready and rapid sale. It is printed on good paper and well bound.

Modern Medical Therapeutics; A Compendium of Recent Formulæ and Specific Therapeutic Directions, from the Practice of eminent contemporary Physicians, American and Foreign. By GEORGE H. NAPHEYS, A.M., M.D. Edited by JOSEPH F. EDWARDS, M.D., and D. G. BRINTON, M.D. Eighth edition. Enlarged and revised. Philadelphia: D. G. Brinton, M.D., 115 South Seventh Street, 1885.

One of the most popular and practical works again appears for the eighth time, after a most careful revision. The editors have exercised an unusual amount of pains in incorporating in an already good book the recent important and useful additions to modern therapeutics. This edition contains about a hundred pages more than appeared in the last one, and in addition to the views of some of the most eminent physicians of the most successful methods of treating various diseases, it also contains valuable notes of hospital practice and clinical lectures. We commended the last issue, and then fully set forth its merits to the practitioner. We can but again repeat our former view of the present eighth issue, which is even more valuable than the previous one, on account of the important additions that have been made to it.

Holden's Anatomy; A Manual of Dissection of the Human Body. By LUTHER HOLDEN, late President of the Royal College of Surgeons of England; Consulting Surgeon to St. Bartholomew's and Foundling Hospitals. Fifth edition; edited by JOHN LANGTON, Surgeon to and Lecturer on Anatomy at St. Bartholomew's Hospital. With over two hundred illustrations. Philadelphia: P. Blakiston, Son & Co., 1012 Walnut Street, 1885. Cloth, $5.00; sheep, $6.00.

This manual is probably the most concise anatomical work of all the parts of the human body, excepting the bones, now published in

the English language. The author, in considering each region of the body, points out the most suitable way of examining the skin, muscles, vessels, nerves, etc., as they are in turn brought into view during the dissection. The elementary principles are stated in a simple, but thorough, manner. At the same time the relation of the parts are pointed out without any minute and dry description. It will thus furnish to the student the very best companion for careful and accurate dissection of the human body, the choice, clear diagrams being most valuable and useful in impressing each region upon the mind. The work will also be, in its present revised form, most valuable to practitioners to refresh their anatomical knowledge. The dissection of the brain and the organs of special sense are most thoroughly discussed, and the several parts are well shown by some exceptionally good illustrations. The reader will also be especially attracted to the dissection of the parts concerned in inguinal hernia, the instruction as to the method of washing out the different layers, or coverings, of hernia, as well as the relation of the parts, are most clearly and lucidly described. The book is printed on good paper, well bound, and a most convenient size to be used as a constant book of reference.

Elements of Practical Medicine. By ALFRED H. CARTER, M.D., Lond., M.R.C.P., etc. Third edition. New York: D. Appleton & Co., 1885.

This volume is partly intended for the use of students, as a general introduction to the study of medicine, and partly to bring the essentials of the subject within the grasp of those practitioners who have not the leisure or disposition to consult the larger text-books. With this idea in view, the author's descriptions of cause, diagnosis, prognosis, and treatment are necessarily brief. In fact many diseases are disposed of in a couple of pages, and some have only one assigned to them. The main features of each are, however, pointed out, and the appropriate remedies indicated.

Philadelphia Medical Register and Directory, 1884–85. Edited by WILLIAM B. ATKINSON, M.D., etc. Philadelphia: Collins Printing House, 1885. Price $1.00.

This little volume has just been placed upon our table. We welcome it gladly. From its foundation (this is the seventh edition) it has been accepted as the authority for medical information in our city, and our only regret is that its publisher does not find it sufficiently remunerative to issue it every year. There are so many minor points on which the busy practitioner is constantly desiring information, and which are furnished by this volume, which should always be found on his desk for ready reference; time is thus saved him in seeking such knowledge, the full extent of which can only be appreciated if one were to endeavor to look up some such matter without recourse to this very valuable little work. We repeat it, every physician, in fact every apothecary, nurse, collector, and medical aid of whatsoever kind, should have a copy, and thus be enabled, in an instant, to find the information he may require relative to the profession. We regret to see in the editor's preface that in gathering the points for his work, he is not in every way fully seconded by some members of the fraternity.

NEW PUBLICATIONS RECEIVED.

Wide Awake, Christmas number. $3.00 a year. Illustrated. D. Lothrop & Co., Boston.

Correspondence with T. Spencer Wells, F.R.C.S., on Ovariotomy.

A Sketch of the Life of Dr. Robert Bridges, by W. S. W. Ruschenberger, M.D.

The Influence of Lung Retractility in Pleurisy and Pneumo-Thorax, by F. Donaldson, M.D.

Official Report of the Relief furnished to the Ohio River Flood Sufferers, by R. P. M. Ames, A.M., M.D.

Case of Chronic, Purulent Inflammation of the Middle Ear, giving rise to Intra-Cranial Disease, Double Optic Neuritis. Perfect recovery. By Dr. John F. Fulton, St. Paul, Minn.

Hyperæsthesia, by James T. Searcy, M.D.

A Periodical Painful Affection believed to be Located in the Liver, its Capsule, or Both, or possibly an Irritation of the Capsule of Glisson, by R. Harvey Reed, M.D., Mansfield, Ohio.

Irritation of the Prostate, by R. Harvey Reed, M.D., Mansfield, Ohio.

A Criticism of Dr. Formad's Printed Statement and Conclusions concerning Ætiology of Tuberculosis, by E. O. Shakespeare, M.D., Philadelphia, Pa.

Club Foot; Is Excision of the Tarsus Necessary in Children? by De Forest Willard, M.D., Philadelphia, Pa.

Address on Ophthalmology, by W. S. Little, M.D., Ph.D.

The Influence of Climate on the Treatment of Chronic Catarrh of the Middle Ear, by J. F. Fulton, M.D.

Report of the Board of Managers of the Pennsylvania Hospital.

On a Case of Empyema, by J. G. Scott, M.D., Hazeldean, Ontario.

Poisoning by Canned Goods, by John G. Johnson, M.D., Brooklyn, N. Y.

Report on Surgery, by Roswell Park, A.M., M.D.

OUR ADVERTISERS.

A CORRECTION.—Owing to a typographical error in a portion of our January edition, we make the *Rio Chemical Company* say in their advertisement that "Acid Maltine is a mild, safe, and pleasant aperient." This should have read *Acid Mannate, etc.*, and we owe it to this scientifically prepared vegetable remedy to note the correction. Reports of its worth are numerous, and we would not willingly detract from its reputation.

URETHRAL BOUGIES.—In the January issue of THE MEDICAL BULLETIN Dr. J. H. Bradshaw called attention to gelatine bougies as elegant vehicles for urethral medication. C. L. Mitchell, M.D., & Co., of this city, are manufacturers of these remedies, and offer to send samples and a treatise on their use to any physician who mentions this journal and incloses ten cents to pay postage. Write to them.

JENSEN'S PEPSIN.—Numerous imitations of Jensen's Pepsin have recently been placed on the market. Although the fact of imitations being made is always a testimonial to the worth of a really meritorious article, yet the original preparation usually suffers from the use of the imitations because of their inferiority. We believe that Jensen's Pepsin will do all that is claimed for it, and would caution our readers against the employment of any but the genuine article.

The surgical value of pepsin as a dissolvent is well shown in a note in the Northwestern Lancet. The editor of that journal states that he was once called upon to relieve the distress occasioned by a bladder distended with clotted blood. He injected a scruple of Jensen's crystal pepsin in an ounce of warm water, and had the satisfaction of seeing the patient pass a full stream of urine and disintegrated blood, in less than twenty minutes.

LISTERINE.—As a deodorant and antiseptic for the sick room and dentist's office, Listerine stands pre-eminent. While it is equal to any and superior to most of the agents commonly used under such circumstances, it adds an agreeable aroma instead of an offensive odor to the surroundings; and is particularly well adapted to the lying-in room. It may be freely used in spray or lotion, without stain or irritation, as an agreeable and effectual detergent. It is also specially commendable in weak solution, as a mouth-wash and gargle for aphthous sores, or a fungus condition of the gums and bad breath; and for certain forms of indigestion—those accompanied by disagreeable eructations—a few drops of listerine in water, swallowed, is a particularly grateful and excellent remedy.—*The Sanitarium*, October, 1884.

BALTIMORE NOTES.

EDITED BY

HERBERT HARLAN, A.B., M.D., Cor. Sec'y Alumni Association of Univ. of Md., Ass't Surgeon at Presbyterian Eye and Ear Hospital, and Ass't Dem. of Anatomy, Univ. of Md.; and HIRAM WOODS, A.M., M.D., Ass't Surgeon at Presbyterian Eye and Ear Hospital, Chief of Clinic on Dermatology, Univ. of Md., etc.

During the present month a variety of entertainments have been given for the benefit of Baltimore Hospital—chief of these was the Charity ball—the most elaborate and successful affair of the sort ever given in this city. The net proceeds, amounting to about $8000, go to the Womans' Hospital, the physicians in charge of which are Drs. William T. Howard, H. P. C. Wilson, Charles H. Riley, C. O'Donavan, Robert Wilson, and William P. Chunn.

Another very interesting entertainment, by means of which the ladies netted some $1200 for the Presbyterian Eye, Ear, and Throat Charity Hospital, was the Chocolatiere at the Natatorium, on the evening of January 8th. The novelty of this one made it particularly interesting. Something over a hundred pretty girls, all in fancy dress, waited on the supper tables, and twice during the evening gave a waiter drill. The effect was exceedingly pretty. On account of the small size of the hall, however, only a limited number of tickets could be sold, and many people were turned away. It will be repeated on the 27th.

The Bazar held in the same building in December, yielded about $6000 for the benefit of the Nursery and Child's Hospital; so, that while business is said to be very dull, the various charities seem to be doing fairly well.

Dr. H. B. Ames, U.S.N., late of the Greely Relief Expedition, is quite a regular attendant at the clinics of the Eye and Ear Hospital.

It is likely that Dr. Frank West will resign his position as Resident Physician at the University Hospital about March 1st, and Dr. Charles W. Mitchell is spoken of as his probable successor.

The resignation of Dr. James A. Stewart was accepted by the Baltimore Academy of Medicine at its last meeting.

Drs. A. P. Smith, J. E. Michael, S. Theobald, R. Winslow, J. B. Brune, J. S. Latimer, and F. E. Chatard have withdrawn from the Faculty of the Baltimore Polyclinic and Post-Graduate School. Their places will be supplied, and the school will be continued as heretofore.

Dr. Lewis H. Steiner will deliver the annual oration before the Alumni Association of the Maryland University School of Medicine.